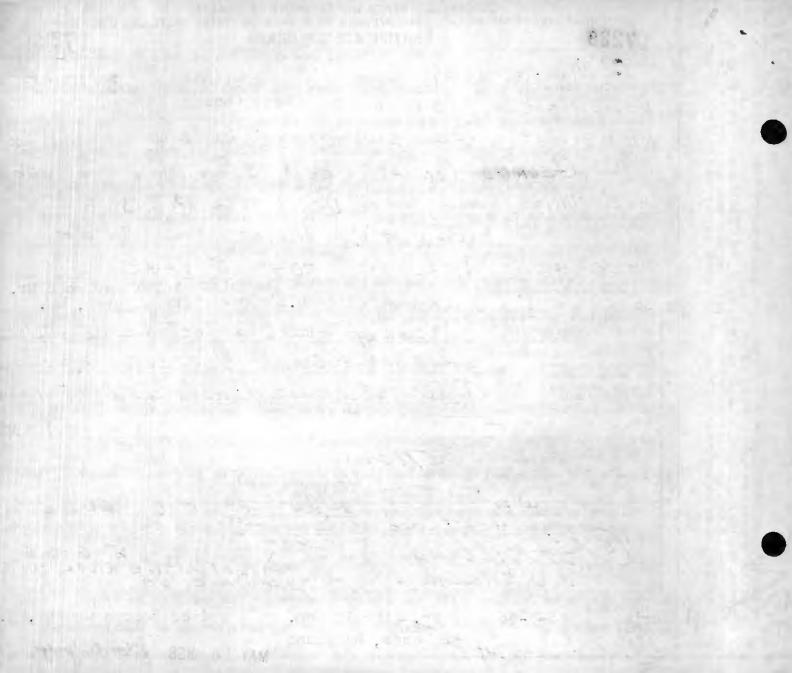
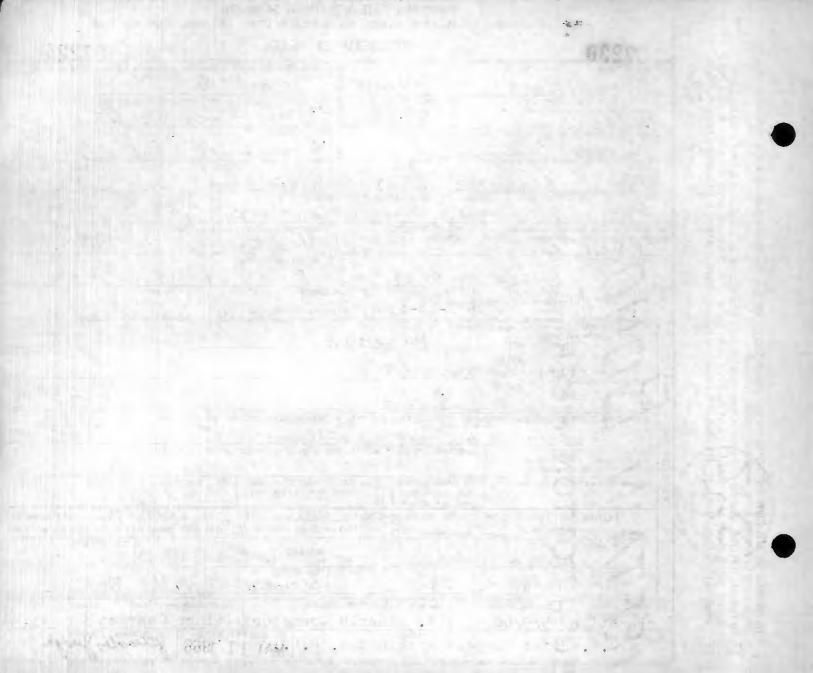
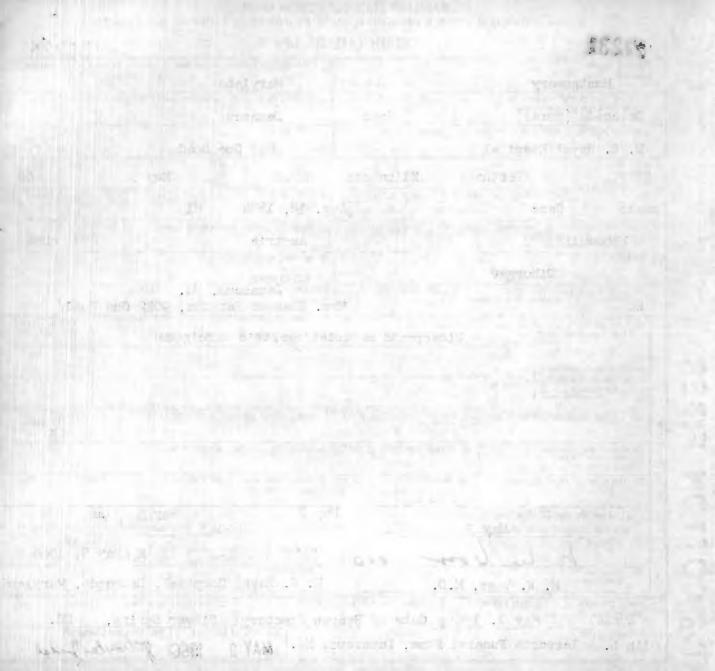
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after - F the MARYLAND by the Pages and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town Chevy Chase vears 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within YES NO X completely executed within carbon 3. NAME DE First Middle DATE Month Year Last DECEASED event, (Type or print) DEATH 1966 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS emove ulrthday) Days Hours any WIDOWED 5 1Da. USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fereign country) during most of working lifa, even if retired) and 13. FATHER'S NAME 를 MOTHER'S MAIDEN NAME remova n signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN B.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Parkwood Dr. (Yes, no, or unkown) (If yes give war or dates of service) death Alice R. Simpson Kensington, Md. No 18. CAUSE OF DEATH [Enter only ona causa per lina for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) been gava risa to immediate DUE TO causa (a), stating tha as th Pa undarlying causa last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? r this certificate he detached for use the Dept. of Health p for use Health YES NO D 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) factory, street, offica bldg., etc. Hour a.m. Whlla Not While IO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State at work at work be retained 21. I certify that (1) (this hospital) attended the deceased from 1966, and that death occurred at 423 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. 22b. DATE SIGNED director, page 3 should be filed v PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S NAME (Type) SHILL ANNANDALE, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Ft. Lincoln Cem. Prince George County .Md. 5-02-66 a FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. Bethesda, Maryland VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH O COUNTY MARYLAND r. LENGTH OF STAY IN 1b OR TOWN (If ourside carparate limits, CITY OR TOWN autside carparate limits, write RURAL and give negrest town) and completely filled in by the d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ON A FARM? NO TE YES nt\_within 3. NAME OF Middle Last PATE Day Year DECEASED OF DEATH 196 (Type or print) AFUNDER 1 YEAR IF UNDER 24 HRS S. SEX NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Manths Hours DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVEK IN U.S. ARMED TOTALES
(Yes, no, or unknown) (If yes give wor or dates of service) 10 78-46-6394 Mrs. aline burial-tronsit perr burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. GEATH WAS CAUSED BY VUUN+A IMMEDIATE CAUSE (a signed by be retained by the hospital or attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO for use as the b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO YES I 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. Not While factory, street, affice bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased from. 719 66 that (1) (18) last should 1966, and that death occurred at 1105 AM, from couses and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. director, page shauld be filled 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Poge 4 may 2001-E4E NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify)
Cremation Prince Georges County, Md Ft. Lincoln Crematory 25b PEGISTRAR'S SIGNATURE The S. H. 25g. REC'D BY REGISTRAR Charley Hines Company Washington, VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY o. STATE b. COUNTY by the Pages I address of the re-Montgomery Maryland MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 ban papers. Pag. write RURAL and give nearest town Bethesda (rural) 3 days Damascus E d. NAME OF HOSPITAL OR INSTITUTION (If ngt in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i U. S. Naval Hospital 9022 Gue Road NO to NAME OF Middle First Last 4. DATE Month Doy DECEASED Bertha Elizabeth RENNA May 5 19 66 (Type of print) DEATH 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER I YEAR 7. MARRIED NEVER MARRIED Alpst birthday) Haurs Aug. 18, 1884 Female Cauc WIDOWED X DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 5 ease during most of working life, even if retired) INDUSTRY COUNTRY? physician ien please Austria USA requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tiburger unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Damascus. Md. (Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Eleanor Baratta, 9022 Gue Road/ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Widespread metastaticgastric carcinoma IMMEDIATE CAUSE (a) DUE TO signed Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause as the has been PHYSICIAN: The low 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES K NO T the hospital or DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Nat While factory, street, office bldg., etc.) of work TO HOSPITAL OR ATTENDING at wark 21. I certify that # (this hospital) attended the deceased from May 2 , 19 66 , to May 5 , 166 , that (# (we) los 1966, and that death accurred at 6204 M, fram causes and on the date stated above saw the deceased olive on May 5 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. May 5, 1966 OOD M.D. directar, page shauld be filed 22d. ADDRESS PHYSICIAN'S FUNERAL NAME (Type) U. S. Naval Hospital, Bethesda, Maryland M. W. Voss. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) May 7, 1966 Gate of Heaven Cemetery Silver Spring, Md. 2 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Olin L. Molesworth Funeral Home, Damascus, Md. 1966



TO HOSPITAL (\*\* SITENDING PHYSICIAN: The law requires that the death certificate be executed \*\*\*\*\* 24 hours after death. Page 4 \*\* se retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled his funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7-62

	MARYLAND S	TATE DEPART	MENT OF HEAL	TH	
DIVISION OF STATISTI	CAL RESEARCH AND	RECORDS, 301 V	W. PRESTON STREET	r, BALTIMORE 1,	MARYLAND
07232	CERT	IFICATE OF	DEATH		072

	OF DEATH	-		2. USUAL RESIDEN	CE (Where decessed lived, if institution	n; Residence before edmission)
a. COUNT	Montgomer	·V	MARYLAND	. STATE Marvl	and b. COUNTY	ato unitary
b. CITY O	R TOWN (if outside cor	porate limits	c. LENGTH OF STAY IN 16	- 0	f outside corporete limits, write RURAL	and give neerest town)
writa	RURAL and give neerest Gaithersh	town)		Beth	esda.	15-1
d. NAME			nospital, give street eddress)	d. STREET ADDRESS	3.4.3	a. IS RESIDENCE
	oury Metho			1426 Av	ondale Street	YES NO
3. NAME C DECEAS	ED	Janie	Middle	Lost	4. DATE Month	Day Yaar
(Type or p		2000	Alberta	Reno	DEATH 5-/6	66 19
5. SEX	6. COLOR	OR RACE 7, MAR	RIED NEVER MARRIED 8	, DATE OF BIRTH	9. AGE (In years   IF UNDE	
F			WED X DIVORCED	Feb. 11, 187		Tours   Mana
10a. USUAL done during	OCCUPATION (Give ki most of working lila, ev Housewife	ind of work 10b.	KIND OF BUSINESS OR INDUSTR	Marvlan	. /-	U.S.A.
13. FATHER	S NAME			14. MOTHER'S MAIDEN		0.00
	James Henry	Murray		Margare	t Ward	
15. WAS DE	CEASED EVER IN U.S. A unkown)   (If yesgive war	RMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no		01 00103 01 201 4 120)	none A	sbury Home r	ecords Gaither:	sburg. Md.
18. CA	USE OF DEATH  Ente	or only one cause pe	er line (e), (b), end (c).			I INTERVAL BETWEEN
PA	RT I. DEATH WAS CAU		Monchon	rullemon	ra	ONSET AND DEATH
	IMMEDIATE	1	8	2 /		7
Conditio	ns, if eny, which	DUE TO	( esolval 1	TALLINGER	es Bas	10 Upc
	e to immediate cause	(p)		in mine ser		10 /10
	ing the underlying	DUE TO	Joninaline	Peller	RALENCRUS	20 yps.
cousa la		(c) (c)	ANTENNATION TO DEATH BUT NO	T BELLYED TO THE YERM	NAL DISEASE CONDITION GIVEN IN P	ART I(e): 19. WAS AUTOPSY
4 TAK	Gere	eralese	73 -	208cs	NAE DISEASE CONDITION GIVEN IN PA	PERFORMED?
OR CON	CIDENT WAS UNDERLY	OF DEATH	SESCRIBE HOW INJURY OF CUREO	). (Enter neture of injury in	Pert I or Pert II of itam 18.)	- N
0	ME OF INJURY Mont			ACE OF INJURY (Home, farm tory, street, office bldg., etc.		County) (State)
WE	p.m. /	19 at v	vork et work	11/1	1	
21. I c	ertify that (I) (th	is hospital) att	ended the deceased from.	7/1/62	19 10. 5/16/60la	19, that (1) (we) last
saw th	e deceased alive	on	1.6.6.19 and that	death occurred at/0	5 M, from the causes and or	The date stated above.
	SNATURE PULLY	( . de	ruges her	ATTENDING L	MED. STAFF	716/66 SIGNED
	YSICIAN'S HEA	RY C.	SERVEGS HI	D. 54/3 (	evar Lane Bei	therda md.
		DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	unty) (Stete)
buri	(Specify)	5/19/66	Arlington N	Vational Ce	m. Ft. Myer,	Va.
	DIRECTOR'S SIGNATE	JRE O	ADDRESS	253. 85	D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
Take	S. H. He	nes Co	290/14/5	TINOU, INAY	18 1966 Joceans	as Judge
	7 1	W.				0

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1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO		MARYLAND
Me	07233 CERTIFICATE OF DEATH	H	07227
M	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDEN a. STATE A	ICE (Where deceased lived, If Institution: b. COUNTY (	Residence before admission
	MARYLAND WARYLAND	ALYLANO ///C f outside corporate limits, write RURAI	NT GOMER
	write RURAL and give nearest town)	OCKUILLE	15-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	(1) - 10/ 1	0. IS RESIDENCE ON A FARM?
0	SUBURBAN 11904	MAPLEAUE	YES NO X
	3. NAME OF First Middle, Last DECEASED (Type or print) CHARLES FRUIN RICKETTS	4. DATE Month OF DEATH	3 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. ACE (In years   If UNDER	
-	10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR   11_BIRTHPLACE (1	County & State, or foreign country)   12. C	OUNTRY?
	during most of working life, even if retired) INDUSTRY,  22XCAVATION CONTRATOR—RETIRED MARK	thand !	CUNTRY? S. F.
	13. FATHER'S NAME  14. MOTHER'S MAI  14. MOTHER'S MAI	DEN NAME CHETTS	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, fino) or unknown) [(If yes give war or dates of service)]	Address	0
-	THORSEL IL	ickells - No	me
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
	177X DUE TO	1	
	gave rise to Immediate (b) Caracroma of from the	re e	
2	cause (a), stating the underlying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
0	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of Injury in Part I or Part II of Item 15	YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of or contributing   Cause of Death (IF either, Notify Medical Examiner)	or injury in varie vot varie vot recommend	3-9
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, I Hour a.m., p.m. 19 While at work at work	farm, 20f. (City or town) (Co	unty) (State)
1		1 1	, , , , , , , , , , , , , , , , , , , ,
	21. 1 certify that (I) (this hospital) attended the deceased from 19 saw the deceased alive on 19 and that death occurred at	19 to 19.4	the date stated above
	22a. SICNATURE	22b	DATE SIGNED
1	22c. PHYSICIAN'S  ATTENDING M.D. ATTENDING 1 22d. ADDRESS	DIRECTOR PHYS.	14/66
1	NAME (Type)	ttery Lane, Bethes	da Md
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
P	Burial 5/6/66 Potomac  24. FUNERAL DIRECTOR ADDRESS 125a. RI	Potomac, Maryla	and P'S SIGNATURE
2	Tyson Wheeler 1331 Rockville Pike, Rock. Month	Y 5 1966 Mcliant	
	Thou wheeler That workstile like, work, House,	o lood for and	as Juage



1 (14)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	C7234 CERTIFICATE OF DEATH 07228	
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)	(110
after the fes 1 after	Montgomern MARYLAND Jacidas	
s af by t	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	n)
hourn s. F. Fron	Takoma tark 3 days Urlando 7 , d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDEN	ĈĒ
	Washington Sanitarium - Hospital 2312 Musselwhite Stilves NO	?
executed within and commisterly remmin may event, within any event, within	3. NAME OF DECEASED   First Middle   Last   4. DATE   Month   Day Year   Middle   A   Middle   A	
om a	(Type or print) Kathleen MMN 66613 DEATH 5 1966  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR   FUNDER 24H	RS.
Execution and control and cont	last birthday) Months Days Hours MI	
e remin	100: USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?	_
physicient place of the place of the please	Housewite Kentucky	
certificati Iding phy Then pl removal,	13. FATHER'S NAME	_
ding The Teme	Samuel Crowsland Illartha Smith	
ith c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service)	
dez the a	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEE	
The faw requires that the death certificate, be or attending physician, cate has been signed by the attending physician r use as the burial-transit permit. Then please ealth prior to burial, cremation, or removal, and in	PART I. DEATH WAS CAUSED BY: Massive left reserval thrombonis ONSET AND DEATH	Ĥ
faw requires that the attending physician.  Has been signed by se as the burial-transith prior to burial, crem	332 X DUE TO A 1 -+ .	40
phy phy buri	conditions, if any, which to the resultance attentions of	_
ding beer the r to	gave rise to immediate cause (a), stating the DUE TO	
tten tten has as prio	underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS	Υ -
ICIAN: The fa lospital or att certificate his hed for use a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO [  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  OR CONTRIBUTING   AUTOMOTIVE MEDICAL EXAMINER)	
ital ital tific for for	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	
SICIA hosp cei		
O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detailhed for use as the burial-frimms should be filled with the State Dept. of Health prior to burial, creating the state of the	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work at work at work	
ING PI J by th After t The de State		_
END ined Ined ould the	21. I certify that (I) (this hospital) attended the deceased from 11/24/0, 1966, to 11/24/5, that (I) (we) la	
ATT reta reta s sh with	saw the deceased alive on May 15 19 66, and that death occurred at 27 M, from the causes and on the date stated about 22a. SIGNATURE (22b. DATE SIGNED	/e.
OR OB	M.D. ATTENDING WED. STAFF U 5-16-66	
TTAL may r. pc.	22c. PHYSICIAN'S NAME (Type) \ 4 / \ / - \ \ C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR. A director, page 3 should should be filed with the '	23a. BURIAL CREMATION, 23b. DATE THEREOF (23c. NAME OF GEMETERY OR CREMATORY) (23d. LOCATION (City, town or county) (State)	Ξ
10 Page 10 Pag	THEMOVAL (Specify) = 19 (( ) Oak late (Seathfree 11/1)	
	24. FUNERAL DIRECTOR ADDRESS 258. REGISTRAR'S SIGNATURE	
VR #15 (4) 20M 1/65	LEE FUNERAL HOME WAShington, D. C. MAY 19 1966 Schanles Judge.	GMB



1	I	tems 18&20 Film G378MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE'I, MAI	DVIAND
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	67229
HEALTH DEPT	1.	PLACE OF OFATH  a. COUNTY  b. COUNTY  b. COUNTY  c. STATE A	sidence before admission)
SOR ELW		MICNT GOMERU MARYLAND MARYLAND	+gemery
the funeral 5 may be Department after death.		b. CITY OR TOWN (if outside corporate figits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	und Rive Heatest tokal
the ithe of the		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d STREET AOORESS	e. IS RESIDENCE ON A FARM?
Page Page urs	-	Suburban 5400 Pecks HILL Rd	YES NO X
ny de 2, and 1,	3.	NAME OF First Middle Last 4. DATE Month OF Middle	0sy Year 10 19 66.
ges 1, 2 form Pl	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
ages 1 for 1	1/	WIDOWEO DEVONCED 1/ 1-6 32 174 yrs. 4	Days Hours Min.
ive Page With with and and event	-1 10 du	iring)most of working life, even if retired)   INOUSTRY NITH.	TIZEN OF WHAT
ours affe n 18, G e along pages ] in any	13	PSYCHOLOGIST N. T. M. 77 KUTLAND TOWA OF FATHER'S NAME	1.3.77
4 hours aft I ltem 18, 6 Office along File pages and in any	L	CYRUS L. GATES BERENICE BLEASNER	
22.00	Į å	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Mr. TAX) Address (es, no, or unknown) (If yes give war or dates of service)  NO  Unknown  BERENIEF  FATES  16. SOCIAL SECURITY NO. 17. INFORMANT  CATES	YMYRTLEAVE
f within pencil in miner's permit.	=	NO   Unknown   BERENICE GATES " Elim Duk  18. CAUSE OF BEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
in p Exam Exam Sit p		PART I. DEATH WAS CAUSED BY: Drug intoxication	45 hours
executed ding" in lical Exal		Conditions, if any, which by due to overdose of nodular	43 hours
uld be executed d "pending" in ef Medical Exar a burial-transit , cremation, or i		gave rise to immediate (cause (a), stating the DUE TO (Sleeping Drug)	<u>+) 11041 5</u>
should "Word "Chief & Chief & as a bu	_	underlying cause last. (c)	Tag Man attroney
EXAMINER: This certificate should be exect the certificate, writing the word "pending 4 should be forwarded to the Chief Medical ur files.  ECTOR: Page 3 should be used as a burial-trar s designated agent, prior to burial, cremation,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO7 YES NO
cerlificate liing the ded to the did be used prior to bu	TER	208. EXTERNAL CAUSE WAS PRIMARY B OF CONTRIBUTING TO CAUSE OF DEATH.  208. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.)  700 K. over done of Drung deliberately	
This ce e, writi nwarde should sent, pr	L CER	CAUSE OF DEATH. Took. over don of Drugo deliberately	
R. This certificate, writing forwarded to 3 should be agent, prior	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, fafm., 20f. (City or town) factory, street, office bidg., atc.)    Bour am. 5/8 1966   While at work   Average   Average	tont- Mel-
MINE of be Page ated	E	21. I certify that I took charge of the remains described above, held an Autopsy Q, Inspection Q, Inquiry Q,	and in my opinion
EXA ne ce shoul files. Tork: lesign		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
ge 4 syour		actual Office a Assistant Medical examiner	22. DATE SIGNED
TY MEDIC execute Page 1 for you tal DIRE		OEPUTY MEDICAL EXAMINER 3/10/	€ <i>G</i>
	23	NAME (Type) JOHN Cr. Ball Address (Street, city, town, or county)	nty) (State)
please directo retaine retaine of Rea	L	ur-transit 5/11/1966 Memory Gardens Cook County II	LLLINOIS
Am alman	2	4. FUNERAL DIRECTOR AOORESS 258. REC'O BY REGISTRAR 256. REGISTRAR'S	E) 4 . A
VR Al5ME (5) 5M 1/65	F	Robert A. Pumphrey Bethesda, Maryland MAY 12 1966 fundament	1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 67230 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 3 ta Page a. COUNTY a STATE b. COUNTY death. 40 Montgomery

b ( TY OR TOWN (if autside carparate limits, write RURAL and give nearest town) MARYLAND fMaryland Montgomery Department CLENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits write RURA, and give nearest tawn) after Silver Spring Whea ton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs Office along with form ate Holy Cross Hospital 2808 McComes Avenue NO w Give Pages YES haurs after death 3 NAME OF Middle 4 DATE First Lasi Dov Year within 72 DECEASED OF the (Type or print) George DEATH Rogers
B DATE OF BIRTH with S SEX 6. COLOR OR RACE AGE ( n years E LINDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs M 6/26/83 Hours WIDOWED XX DIVORCED event 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BLS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if regred) INDUSTRY COUNTRY? FATHER'S NAME dny Wytheville, Virginia ⊑ Examiner's USA pages penci 14 MOTHER'S MAIDEN NAME within = George Rogers, Sr. ۵ pup Margaret Crockett WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMAN1 16 SOCIAL SECURITY NO Address be executed permit. (Yes, na, or unknown) (If yes give war ar dates at service) remayal. UNKNOWN no Mrs. George Long - daughter INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line les (a), (b), and PART I. DEATH WAS CAUSED BY. ar IMMEDIATE CAUSE (o) ward This cert ficate shauld crematian, DUE TO Canditions, if any, which gove rise to immediate cause (a). stating the underlying cause SD lost. burial, a pasn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate. YES NO 20a EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING should CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d IN.JRY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (Caunty) Haur a.m. factory, street, office blog, etc.) Nat While FUNERAL DIRECTOR: Page at wark at wark designated 21. I certify that Ltook charge of the remains described above, held an Autopsy Inspection and in my apinian the funeral director. death resulted from Natural causes Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 **EXAMINER'S** FUNE Health DATE THEREOF CEMETERY OR CREMATORY BURIAL CREMATION 23d (County) (State) REMOVAL (Spec fy) May 16,1966 Nombers Co. IN ADDRESS 25a REC D BY REGISTRAR VR A15ME (5) 1400 ChapiN ST 6M 1/66



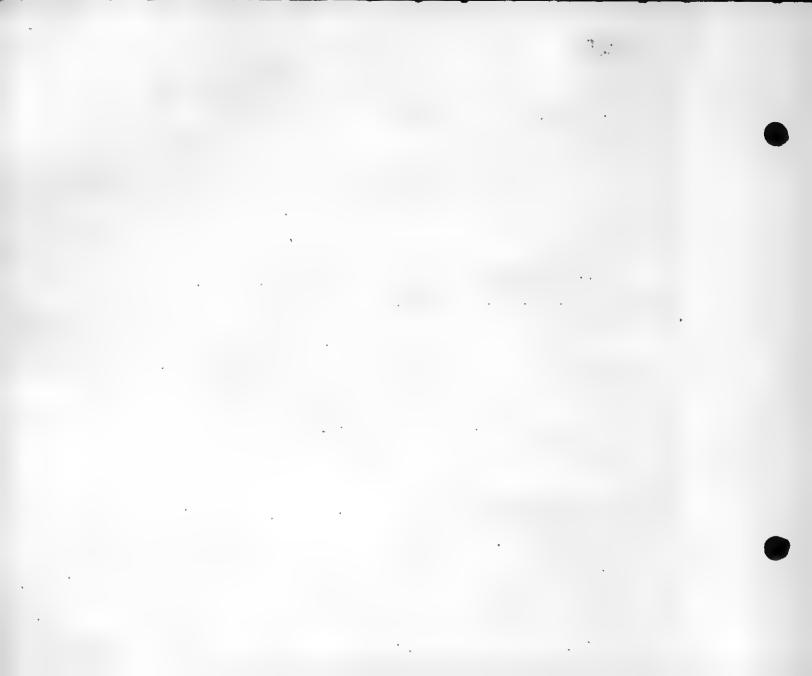
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Montgomery Montgomery · MARYLAND. b CITY OR TOWN (If autside corporate I mits, write RURAL and givernearest town Bethesda (rural) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 6 hours Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? U. S. Naval Hospital 308 Cedar Lane YES NO EXC carban 3. NAME OF Middle 4. DATE Last Month Dov Year DECEASED (Type or print) ROOT Christine Mary May 15 19 66 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Days Hours May 15, 1966 Female Cauc. WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? signed by the attending physician burial-transit permit. Then please Bethesda, Montgomery, Md. USA 13. FATHER'S NAME 14. MOTHER & MAIDEN NAME ar remayal, Lloyd E. Root Sharron Ann Smoot IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Maryland 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates at service) Lloyd E. Root, 308 Cedar Lane, Rockville 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c) ) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Prematurity. immaturity IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS ALTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate YES DC NO 🗔 20o ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or fown) (Caunty) (State) Hour om. factory, street, office bldg , etc.) Not While at work at wark 21 I certify that (1x(this hospital) attended the deceased fram May 15 , 19 66, to May 15 , 19 66 that x) (we) lost saw the deceased alive on May 15 , 19 66 , and that death occurred of 605PM, from causes and on the date stated above saw the deceosed alive on May 15 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS.  $\square$ 17 May 1966 M.D. PHYS. DIRECTOR 22d. ADDRESS NAME (Type) R. F. SWANGER, MD U. S. Naval Hospital, Bethesda, Md. 23b DATE THEREOF 23o. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUT 19 (Specify) 5/18/66 Arlington National Arlington, Virginia 24. FUNERAL DIRECTOR
Tyson Wheeler Funeral Home, 1331 East Montgomery 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 Ave. Rockville, Md.



M.	1			ı	Divisian of STATIST			YLAND STATE D I AND RECORDS, 3				TIMORE, M	IARYLA	ND 21201		
and the same				07238				CERTIFICAT	ΓΕ	OF DEATH					72:	32
	rs after death the funeral ages I and	"	1 (	LACE OF DEATH  1. COUNTY  O CITY OR TOWN (1)	Montgomery  f outside corporate units one negret (critical)			MARYLAND ENGTH OF STAY IN 16		o. STATE Mar. city or town (if or Oxon Hi	yland	l '	b. COUNT	Υ		
	thin 24 haurs filled in by the papers. Pagnithin 72 hours	46		U. S.	AL OR INSTITUTION (If no Naval Hosp	ital		reet address)		d street address 7246 Pa	lmer				YES	SIDENCE A FARM? NO [X]
	ecuted within 24 haurs aft completely filled in by the cove carban papers. Pages y event, within 72 hours aft		S. 5	-	Bet	ty 7 MARRIED		Middle Jane NEVER MARRIED	В	ROUSER DATE OF BIRTH	4. DATI OF DEAT		Month May ears day)	2  IF UNDER 1 YEA  Months Doy	R JFUN	Year 19 66 DER 24 HRS. 75   Min.
	ertificate be execut physician and com nen please remave taval, greatmony ev	D	10a duri	ng mast of working I	Cauc . (Give kind of work done life, even if retired)	WIDOWED 10b. K	IND OF NOUSTR	DIVORCED BUSINESS OR	1	iy 21, 196 H. BIRTHPLACE (County Patuxent R	& State, or	foreign country	YES.	12. CITIZEN COUNTI	OF WHAT	
	certific				Bruce Rouse RINUS ARMED FORCES?		SOCILI	L SECURITY NO 17.		4. MOTHER'S MAIDEN Betty Ja	ane W	larder	0.33			
	death otherdir ermit. in, or re		(Ye	s, na or mknown)	(If yes give wor or dates a	f service)	N	1/H   1/L	T, *	Oxon I Edward Ro	Hill, user,	Md. 7246	Pa 1m		, S=	F./
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, or removal, great may event, within 72 hours after death.			PART I. DEAT  PART I. DEAT  Canditions, if any, rise to immediate stating the under last	e cause (a), (DUE	TO (b)	r (o), (l iger	a), ond (t) ) nital aorti	.C s	stenosis					INTERVAL ONSET AN	D DEATH
	: The la or aften e has t use as	2	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING	TO DE	ATH BUT NOT RELATED TO	O THE	TERMINAL DISEASE CO	ndition G	IVEN IN PART	1(a)		9. WAS A PERFO YES X	UTOPSY RMED? NO
	ospital certifical hed far af He		AL CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)			E HOW INJURY OCCURRED		, ,						
	ING PH by the h frer this se detact trate Deg		MEDICAL	p.n		While at wor	rk 🗆	Nat While at work	actory	OF INJURY (Home, form, street, office bldg , etc.		Mass		(County)	Alas /W	(Stote)
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta	1		21. 1 certification of the saw the decay of the saw the decay of the saw the s	D M.	ic	) E	1966 , and th		ATTENDING PHYS. 22d. ADDRESS U. S. Nat	MED. DIRECTOR	M, fram co	uses a	nd on the control 22b DATES May 2'	late sta IGNED 7, 19	66
	Page 4 Fo FUNI directe should			BURIAL, CREMATION PEMOYAL (Specify)	5/31/66	5	A	name of Cemetery o	ati	onal	Ar		n. V	irginia	a	(State)
	VR A15 (4) 20 M 1/66			. FUNERAL DIRECTO uneral Ho	Windsor Dome, 530 So	emaline uth Wa	shi	ngton, Ale	var xar		BY REGIS	1966	Sp (C)	STRAR'S SIGNA	Judy	ie,



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	TIMORE 1, MARYLAND
F 25 F	CERTIFICATE OF DEATH	67233
after death.  the funeral ges 1 and 2 after death.	PLACE DF DEATH     a. COUNTY     a. STATE	
5 5 5	* Montgomery Maryland Montgomery Maryland Montgomery	n. county on usomerj
rs after by the 1 Pages 1 urs after	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
hours a lin by s. Page hours	Silver Spring   Thr   Silver Spring	1 1
24 hours filled in by sapers. Pagers. Pagers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS	e. IS RESIDENCE
	Holy Cross Hospital 11011 Bucknell Drive	ON A FARM? YES NO 8
within sheety arbon prt. within	3. NAME DF First Middle Last 4. OATE DECEASED DF	Month Day Year
-0 azis 5 V	(Type or print) REKEY Sam NII Rubin DEATH	5/ 30 1966
executed win	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In last birt	years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	NI TO THE PROPERTY OF THE PROP	riday) Months Days Hours Min.
	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign during most of working life, even if retired)	
siciar and i	K. ctraunt Owner Food kuscia	USA
V No. 2 E	13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME	
	Charles Rubin Not known	
3 = 2	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT 17011 Bucknel.	Address Ve
ta tale of	No Sarah/wife Silver Spring	
atie d	18. CAUSE OF DEATH [Enter only one cause per Jine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
aw requires that the death certificate thending physician. The plant as the buriat-tramit mermit. Then plant to buriat, cremation, or removal, a structure of the prior to buriat, cremation, or removal, a structure of the prior to buriat, cremation, or removal, a structure of the prior to buriat, cremation, or removal, a structure of the prior to buriat, cremation, or removal, a structure of the prior to buriat.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACONASM CALLES	ONSET AND UEATH
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signation of the state of the s	Conditions, If any, which ) (b) Armayer Authority (Conditions, If any, which )	eroses fear
to be	gave rise to immediate cause (a), stating the DUE TO	
S S S S S S S S S S S S S S S S S S S	underlying cause last. (c)	IV.
atte a tree	PART II. OTHER SIGNY FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	VENIN PART 1(a) 19. WAS AUTDPSY PERFORMED?
The or cate	PART II. OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200. ACCIDENT WAS INDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of mjury in Part I or Part I o	LILLY YES NO P
tital for Him	20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I	irt V of Item 18.)
Specific Spe	HE OR COMMINGO LAUSE OF DEATH (IF EITHER, NOTIFE MEDICAL EXAMINER)	
HYS he he h	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or to	own) (County) (State)
at e e d	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 While at work a	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. I FINERAL DIRECTOR: After this certificate has basen signed by director, page 3 should be detached for use as the burial-transhould be flied with the State Dept. of Health prior to burial, or the state Dept.	21. I certify that (I) (this hospital) attended the deceased from 2/1/4/2, 19 to 5/3	19 (a, that (I) (we) last
		auses and on the date stated above.
A FECTION OF WHITE	22a. /SIGNATURE	22b. DATE SIGNED
64 E 85 V	M.O. ATTENDING MED. STAFF	0 5/3/166
A B B B B B B B B B B B B B B B B B B B	22c. PHYSICIAN'S JOHN J. CURRY 22d. ADDR SS -	in the fi
HOSPI Page 4 FILINEI rector nould t	10670	eged all land
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requir Page 4 may be retained by the hospital or attending profile funeral director, page 3 should be detached for use as the bishould be filled with the State Dept. of Health prior to be a should be filled with the State Dept. of Health prior to be a should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (	CITY, town or county) (State)
E	Burial 5-31-1966 D. C. Lodge Cemetery Washingt	
	24. FOYERAL DIRECTOR ADDRESS 42 7 - 4 1 25a. REC'D BY REGISTRAR 2:	5b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	Louverg Timeral Home "World" 2 1966	youarles Judges
2014 I 100		



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
	C7240 CERTIFICATE OF DEATH	1234
1.	PLACE OF DEATH  a. CDUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE MARYLAND b. CDUNTY MONT	before admission)
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH DF STAY IN 1b  C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	e nearest town
, -	5.1 2/2/1/1/1/ 7700 Packed 11-	DN A FARM?
3.		Year 19 6 6
5.	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years   FUNDER 1 YEAR   last birthday) Months Days	HOURS Min.
10a duri	DALUSUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN E COUNTRY:	DF WHAT
13.	ASSAC CHOICAIR ALLIA SHOWKER.	
15, (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (daught address / F) (1) yes give war or dates of service)	HESCA +
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acuste Covonary Insulficiency  IMMEDIATE CAUSE (a)	RVAL BETWEEN ET AND DEATH
	Conditions, if any, which gave rise to Immediate (b) Covonary Atherosclavosis un	determ
NOI	cause (a), stating the DUE TD underlying cause last. (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTDPSY PERFORMED?
CERTIFICATION	Hypertensive CRV d.co VRS WWY diserver in part of Part II of Item 18.)	
		(State)
MEDICAL	Hour a.m.  p.m.  19 While Not While at work at	at IN fuer Lines
	21. I certify that (I) (this hospital) attended the deceased from March 25, 1964, to May 1, 1966, the saw the deceased alive on May 1, 1966, and that death occurred at 2:3:8M, from the causes and on the date 22a. SIGNATURE	
,	Truley MED. STAFF DIRECTOR DIRECTOR PHYS.	
7 72	NAME (Type) STANLEY M. BIALEK 8218 WISCONSIN AND BETTE	san md.
23a	Burial Descript 5-11-1966 Parklawn Cemetery Rockville Value of the State of the Sta	ATURE
7 5	oseph gawler's Sons Inc. MAY 12 1966 fcharles gu	egge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH
a. COUNTY NONTGOMERY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY MARYLAND cessary, the funeral 5 may be Department after death. b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS delay and 3 to 1 ON A FARM? State hours 219 Highland Ave. Highland Ave. No K 2, and PM3. 3. NAME OF DATE First Middle Last Month Year DECEASED JAMES SAYLOR (Type or print) DEATH 24, 1966 Mav and 2 with a after death. If a S. Give Pages 1, 2 ong with form P 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. NEVER MARRIED lest birthday) Months Oays Hours Male 5, 1903 62 WIDOWED Item 18. Give Pa office along with 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Portal Employee 100 Penrsylvania U.S.A. pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Colvin W. Saylor in pencil in Item Examiner's Office Lucy Riehl File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unknown) i (If yes give war or dates of service) EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner's 173- 07-9082 Bertha V. Saylor - same item #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] INTERVAL BETWEEN DASE AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Insufficency COTODATH OUE TO Conditions, if eny, which (b) gave rise to immediate DUE TO ceuse (a), stating the . 0 underlying couse lest. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO X CERTIF 20a. EXTERNAL CAUSE WAS OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18.) PRIMARY | or CONTRIBUTING | 3 should agent, pri CAUSE OF DEATH. MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 201. (City or town) (State) factory, street, office bldg., etc.) Hour While Not While CTOR: Page designated at work et work Inspection [X], inquiry X, 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion FUNERAL DIRECTOR: Natural causes V. Undetermined manner death resulted from: Accident . Suicide Homicide Page 4 s CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7936 Old Georgetogn Rd. Bethesda, Mary landdress (street, city, town, or county) **EXAMINER'S** director. retained John G. Ball NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 101 of REMOVAL (Specify) 5/26/66 Oxford Cemetery Oxford, Maryland Burial Clarles Judge 24. FUNERAL DIRECTOR ev registrar 6 1966 WHECLER FUNERAL HOME VR ALSME (5) Rockville. Md.



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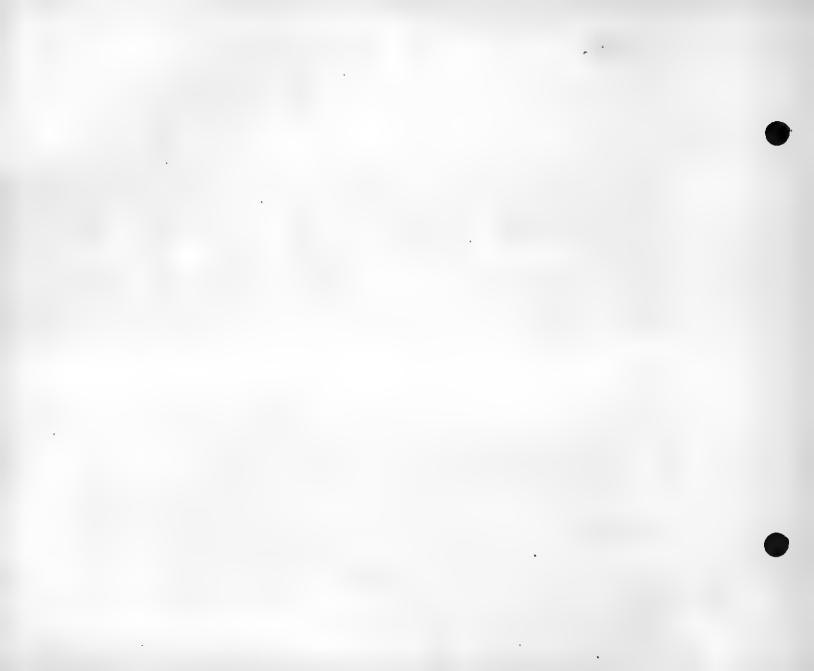
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution Residence before admission o. COUNTY n. STATE b. COUNTY b CITY OR TOWN (IL-outside corporate /mits. C. LENGTH OF/STAY IN 16 c CITY OR TOWN (If perside corporate errors write RURAL and give nearest fown) papers. Pag hin 72 haurs a write RURAL and give negrest town) .⊆ d. NAME OF HOSPITAL OR INSTITUTION (Il/not in hospital, give street address) d. STREET ADDRESS ON A FARM? NAME OF DATE Middle First Lost Year DECEASED OF DEATH 1960 (Type or print) IF UNDER 1 YEAR SEX 6 COLOR OR RACE IF LINDER 24 HRS MARRIFO NEVER MARRIED DATE OF AGE (In years Months ast burthday) Hours WIDOWED DIVORCED KIND OF BUSINESS OR CITIZEN/OF WHAT &IRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? CO LOVE 13 FATHER'S JUANE 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po-sunknown) (If yes give war or dates of service) 5 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN coronary Thrombosis-Acute--ONSET AND DEATH IMMEDIATE CAUSE (o) 1201 DUE TO Cardio Voscular Disease Conditions, if any, which gove rise to immediate cause (o), DUF TO stating the underlying couse the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Pas NO YES IO FUNERAL DIRECTOR: After this certificate ā 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBLTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form. (City or town) (County) (State) Hour a.m. While foctory, street, office bldg , etc.) Not While at work of work d the deceased from\_\_\_\_\_\_, 1964, ta\_\_\_\_\_\_, 19\_\_\_, that (I) (we) las 5\_\_\_\_\_\_, 1966, and that death accurred at \_\_\_\_\_\_, M, from causes and on the date stated above 21. I certify that (I) (this hospital) attended the deceased from, be retained saw the deceased alive an\_ EXS 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22d ADDRESS PHYSICIAN'S Bethesda Maryland John G. Ball NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) BURIAL CREMATION (County) (Stote) Burial (Specify) Maryland 5/9/ 1966 Loudon Park Cemetery Baltimore Bethesda, Maryland 2So, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey VR A15 (4) 20 M 1/66 Sob

MARYLAND STATE DEPARTMENT OF HEALTH

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	CT243 CERTIFICATE OF DEATH	07237
1	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: b. COUNTY  MARYLAND  MARYLAND	Residence before admission)
Ì	b. CITY OR TOWN (if outside corporate limits, write RUR)	AL and give nearest town)
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
١	Wathroaten Santarum & Hospital 905 baredo. Rd	DN A FARM?
	3. NAME DE PIRST MIDDLE Last 4. DATE Month DECEASED	Day Year
	(Type or print) Joseph Nussell Scherler DEATH May	6 1966
l	my lill to my months of the state of the sta	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
I	10a. USUAL OCCUPATION (Give kind of workdone   10b. KIND DF BUSINESS OR   11. BIRT HPLACE (County & State, or foreign country)   12.	CITIZEN OF WHAT
l	Electician Naval Ord. Lab. West Virginia U.	S. A.
ľ	13. FATHER'S NAME	
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Addless of	
I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ityes give war or dates of service) 232-16-5715 (Address Scheffer (2-d.)) 80	ime /
ľ	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRENChagenia Careinoma	Onet mis bein
ı	Conditions, If any, which \ (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
I	gave rise to immediate cause (a), stating the DUE TO	
l	underlying cause last. (c)	
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (1)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 1)  CR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
		(8.)
	ZDc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While   Not While   at work   at work   at work   at work   at work   at work	county) (State)
I		46, that (I) (we) last
		DATE SIGNED
	Chaymond Organishan M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1 5	16/66
	NAME (Type) aymend Bradshow M.D. 345 University Blud. Si	ber 5 pring sod
	230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) 9 May 1966 Alderson Cemetery Alderson West.	
	24 FUNERAL DIRECTOR O 7/1 / ADDRESS 1250 REC'D BY REGISTRAR 240 REGISTRAR	IR'S SIGNATURE
	Warner E. Pumphrey, Inc. Silver Spring, Nd. DATE MAY 10 1956 Ich	anley Judge
0		0



1/2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND	
	CASIA CERTIFICATE OF DEATH	
hours after death.  d = by the formers!  E hours after death.	PLACE OF DEATH    2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before ad-	mission)
E FEE	a. STATE A PARTY D. COUNTY D. COUNTY	2011
affer the state	b. CITY OR TOWN (If outside concerte limits.   c. LENGTH OF STAY IN 1b   c. CITY OF TOWN (If outside concerte limits, write RURAL and give neares)	t town)
ours aft.  ■ by th  s. Pages hours aff	b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give) nearest town)  I day  Silver Spring	,
hour hour stress	d. NAME OF HOSPITAL OR INSTITUTION VIF not in hospital, give street address) d. STREET ADDRESS	
executed within 24 ho n and completely filled is remove carbon papers. In any event, within 72 h	The Control of the Co	NO 🔏
executed within n and completely remove carbon I n any event, with	NAME OF DECEASED First Middle Last 4. DATE Month Pay Yea	1 1
complete we can event,	(Type or print) Seph J'DOHLOSSER, DEATH O / 7 / 19	66
executed and con remove n any eve	no last birthday) Months Oays Hours	Min.
rem rem		
be be nd f	INDUSTRY?	
Ships ate	FATHER'S NAME  14. MOTHER'S MAIOEN NAME  14. MOTHER'S MAIOEN NAME	
certificate be e ding physician Then please removal, and lin	Andreas Schlosser Aemilia Nemeti	
cell cell cell cell cell cell cell cell	WAS DESERVED IN U.S. ABUFD CORDERS 2. 1. C. OCCIAL OF CHIEFTY NO. 1. 17 INCORDANY Address	
that the death certifician, cian, transit permit. The transit permit. The cremation, or remover the contraction of the contract	None Strong or action of acts of service) 577-18-6144 Ruth Schlosser Silver Spring, Maryland	
at the day	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BET ONSET AND CONSET AND C	WEEN
requires that the ding physician. been signed by the burial-transit or to burial, creman	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RECENT RIGHT CORONARY ARTERY THROMBOSIS	
ires that physici physici physici phurial-the phurial-the phurial-the phurial,	DUE TO 0	
Para Sires	conditions, if any, which (b) RECENT myacardial infarct.	
ding ding been the or to	cause (a), stating the OUE TO	
ttendii has be as th prior	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMATION OF THE PERFORM	TOPSY
or are use		MED?
Ta Hair San		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. HIRECTOR: After this certificate has been signed by the attending physician HIRECTOR: After this certificate has been signed by the attending physician is 3 should be detached for use as the burial-transit permit. Then please with the State Dept. of Health prior to burial, cremation, or removal, and the state Dept.	20a, ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYS he h this etac Der	Local Time of Mindle Mindle State Control of the State of	State)
of by t After d be d be d s State	Hour a.m. While Not While p.m. 19 at work at work	
ATTENDING retained by ECTOR: After S should be with the State	21. I certify that (I) (this hespital) attended the deceased from 4, 1964, to 6/7, 1966, that (I) to	
A ATTENT e retaine RECTOR: 3 should with the	saw the deceased alive on 5/7 1966, and that death occurred at 136PM, from the causes and on the date stated	above.
DIRECT NOR A	ATTENOING MEO. D STAFF D 5/3/1/4	
	220 PHYSICIAN'S	
O HOSPITAL OR ATTENDING PHYSICIAN: The 1s Page 4 may be retained by the hospital or at 0 FUNERAL DIRECTOR. After this certificate b director, page 3 should be detached for use should be filed with the State Dept. of Health	NAME (TYPE) G. Lencand Gold, MD 8641. COLESVILLE RIAD SILVER SPRIM	16 093
Page Page FU direct	PEMOVAI (Spacify)	ate)
2-2-8	Surval (Specify) 10 May 1966 Gate of Heaven Cemetery Silver Spring, Maryland	
W2 145 41 0 P	Setsual Aliendas 8434 georgia Hueppe	
VR A15 (4)	Parner E. Pumphley, Inc. Silver Spring, 11a. 10 144 12 1966 Clientes Judges	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth, requires that the death certificate be executed within 24 hours after death othending physician and completely filled in by the funeral permit. Then please remove carbon popers. Pages 1 and ion, ar removal, and strongy event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission I. PLACE OF DEATH o, STATE COUNTY o. COUNTY Maryland Montgomery MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Arnold 55 days Bethesda (rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? #2, Box 391 NO KO RFD U. S. Naval Hospital NAME OF Middle Lost 4 DATE Month Doy Year DECEASED OF DEATH 19 66 SCHREYER May Hettie Hicks (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF BIRTH birthdoy) Months Doys Hours 27 July 1886 and Thisay Cauc. WIDOWED DIVORCED Female 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10p USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Galena, Maryland USA 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Ida Dawson Cooper William Thomas Hicks IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [Uf yes give wor or dotes of service)]
NO Address Church, Va., 17. INFORMANT 16. SOCIAL SECURITY NO. Mrs. James Heg, 3144 Valley Lane, Falls/ signed by the atter buriol-transit permi buriol, cremotion, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY HEART FAILURE CONGESTIVE IMMEDIATE CAUSE (o) Poge 4 may be retoined by the hospital or attending physician. Schemic recross of Koneys & gram-regardo Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse has been Nephrolithias 3 PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO [X.] YES 🗍 TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work of work 21. I certify that (1) (this haspital) attended the deceased from March 23, 19 saw the deceased glive on May 17, 19,66, and that death accurred at 1966, that \$1) (we) last , 1966 to May 17 2M, fram causes and an the date stated above 22o. SIGNATURE Sward C. Grebert DIRECTOR PHYS. M.D. • S. Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S NAME (Type) E. C. GILBERT, M. D. 23C NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Yown) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Bullia 1 (Specify) Annapolis, Maryland 25b BOUSTRAR SAIGNATURE John M. Taylor Funeral Home, 1440149 Gloucester VR A15 (4) 20 M 1/66 St. Annapolis Maryland



1	It	ems 18&21 Film 381 9-26 MÁRYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		07246 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07240
Page HEALTH DILL.		PLACE OF DEATH  2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before admission)  o COUNTY Montgomery  MARYLAND  2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before admission)  o STATE Maryland  b (OUNTY Frontgomery)
it. If any delay is ges 1, 2, and 3 to 1 form PM3 Page ate Department of hours after death.		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SILVEL Spring
th. If any ges 1, 2, 2, 2 form 1 form 1 hours af		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Holy Cross Hospital  d STREET ADDRESS 115 West Notley Road  e is residence ON A FARM? YES \[ \begin{array}{c} No \infty \end{array}
Para Para Para Para Para Para Para Para		NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (Type or pnnt) Julin Daniel Schlager OF DEATH May 12 19 66
urs after d 18. Give ce olong w 12 with the		SEX 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED 8 DATE OF BIRTH 10/26/08 9 AGE (n years lostchithday) Months Days Hours Min.
24 ho in Ite	dur	SUAL OCCUPATION (Give kind of work done ng most of working life even if retired)  INDUSTRY Flumber  INDUSTRY Plumbing  Nearyland  12 (ITIZEN OF WHAT COUNTRY? LIMBER COUNTRY?
d within 24 in pencil in Examiners  Examiners  File pages		FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Clara Hutchison
cuted ngʻin dical E irmit. F	IS. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) NO  17 INFORMANT Wife, Address 115 ". Notley Sil. Spr., Pid.
tertificate should be executed within certificate, writing the word "pending" in pencil ould be forwarded to the Chief Medical Examires. should be used as o buriol-transit permit. File paga, prior to burial, cremotion, or removal, and in a		INTERVAL BETWEEN   PART   DEATH (Enter only one couse per line for (o), (b), ond (c)
this certifical cote, writing to forwarded be used as to burial, as	ATION	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED? YES NO
~ <u>~</u> <u>~</u> •	CERTIFICATION	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.)  PRIMARY OF OCCURRED (Enter noture of injury in Port or Port II of item 18.)  CAUSE OF DEATH.
MIN the 4 sh ur fill gent	MED.CA.	20¢ TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19 20d IN.URY OCCURRED of work 20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)  20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)
MESTAL EXAM please execute th director. Page 4 retained for your DIRECTOR: Page ts designoted age		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinior death resulted from Natural causes  Accident , Suicide , Hamicide , Undetermined manner
ITY, Ferol Perol P		ACTUAL SIGNATURE
TO DEPUTY necessory, the funerol 5 moy be TO FUNERAL 7 Health or 1	230	BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (County) (Stote)
VR A15ME (5)	20	Burnal (Specify) May 16,1966 St. John's Cathloic Gorest Glen Md.  ADDRESS PACE BY REGISTERS SIGNATURE  Warner D. Pumphrey, Inc. 8434 Ga. S.S. M.D. 1866 Page



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07247 The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH g. COUNTY o. STATE b. COUNTY Montgomery Maryland MARYLAND b CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 2 days Patuxent River Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS U.S. Naval Hospital 733 A MAMQ, NAS, YES NO IX 3. NAME OF 4 DATE Year Day DECEASED 1966 Arthur May (Type or print) Sheldahl DEATH David 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED last oirthday) Manths Doys 58 WIDOWED DIVORCED 31 March 1966 Male Cauc 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (G-ve kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Infant Patuxent River, Md.

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then I burial, crematian, or removal Richard E. Sheldahl Rita Petinga 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT 733 AddresMAMQ NAS Richard E. Sheldahl Patuxent River, Md No 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE (AUSE (a) Truncus Arteriosus Congenital Heart Disease Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause directar, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, affice bldg., etc.) Hour am. Not While at work 21. I certify that (I) (this haspital) attended the deceosed from 26 May 1266 ta 27 May , 1966, that (I) (we) last 19\_\_\_\_, and that death accurred at 8:55PM, fram causes and on the date stated above O FUNERAL DIRECTOR: sow the deceased alive on\_ 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 29 May 1966 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) U.S. Naval Hospital, Bethesda, Md. J. I. Lynch. MC. USN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL, CREMATION, Burial (Specify) 23b. DATE THEREOF (County) (State) Arlington, Virginia 5-31-66 Arlington Natl Cem. 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT A. **PUMPHREY** Bethesda, Maryland WW



1.	,	MARYLAND STATE DEPARTMENT OF HEALTH	
<b>1</b> / <sub>0</sub>	6	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
	$\mathbf{V}$	) 07248 CERTIFICATE OF DEATH	07243
funera		1. PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed lived, If in:	stitution: Residence before admission)
		a. COUNTY MARYLAND C. STATE Maryland 6. COUNTY	
the the and 2 death.	(C)	b. CITY OR TOWN (Fourside corporate limits.	URAL and give nevest town
24 P. P. P.		write RURAL and give nearest town)	
fined Pages urs afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS	a. IS RESIDENCE
d in 2 ely finec rs. Pages I hours after	17.		ON A FARM?
		3. NAME OF First Modele Lest 4. DATE Month	Dey Year
pcute pape 72		(Type or print) i minie Woodrow Anith L DEATH Mai	12 //
COM COM		E SEY // COLOR DAY	UNDER I YEAR I IF UNDER 24 HRS.
2 Para x		male (1) lest birthday 7	Months Deys Hours Min
8 8 8		106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Certifica Tetra		done during most of working life, even if retired)	12. GITZEY OF WHAT COOKING
8 -5 8		13. FATHER'S MAIDEN NAME	
ath ng ease		Jammie & H. mail	
de ibra		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	4.
the afte Ther val,		[Yes, no, or unkown] [Ifyes give were refets of service]	
that the		18. CAUSE OF DEATH (Enter only one cause per interprise, (b), end (c)	1 District Province
es ciar by srmi		PART I DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEALE
ouir Ped rt pe		MMEDIATE CAUSE (6) Nemalirity	at bull.
an sign		776X DUE TO	
din		Conditions, if any, which (b)	No. V. Maramania wa
The then so the service of the servi		(e), stating the underlying DUE TO	
or a hai		causa lest. (c)	
tal de cate		PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
SIC Spiniti Sic or	,		YES NO
S ce c		20a ACCIDENT WAS UNDERLY NG 20b, DESCRIBE HOW NJURY OCCURED. (Enter neture of injury in Part Lor Pert II of item 18.) OR CONTRIBUTING ALSE AMINER!	
まま 2番			
d b Afferday		Zoc. TIME OF INJURY Month, Day, Yeer , 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. [City or town] Hour a.m. While Not While et work et work et work	(County) (Stele)
der det		p.m. 19 et work et work	
P S S S S S S S S S S S S S S S S S S S		21. I certify that (I) (the hospital) attended the deceased from 5 7/6 1806, to 5	, 1966 that (I) (we) last
S S S S S S S S S S S S S S S S S S S		saw the decessed alive on	nd on the date stated above.
S. 22		220. SIGNATURE ATTENDING MED. STAFF	22b, DATE SIGNED
7 4 1 8 E	1	MD PHYS DIRECTOR PHYS.	and the same of th
Page William	I	122c. PHYS CIAN'S ROKEP H BERESTRAN ND 22d. ADDRESS NAME (TYPE) PORCEP H BERESTRAN ND 22d. ADDRESS D. of Ollo Modern	O Center 11 md
JINY JOE,		AND CONTROL OF THE PROPERTY OF	Kock oull / 10
H(eath		230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. JOSATION ICHX, IONAN REMOVAL (Specify)	april (3)
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VR A15 (4) 15M 9/60	5 ,	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUBJECTION 250. REC'D BY REGISTRAR 25b. R	Y. A D
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07243 CERTIFICATE OF DEATH executed within 24 haurs after death. death 2. USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) campletely filled in by the funeral love carban papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE South Carolina b. COUNTY Montgomery MARYLAND b CITY OR TOWN (It autside carparate mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn). write RURAL and give nearest town) 7 days North Charleston Bethesda (rural) d. NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RES.DENCE ON A FARM? 334 Holmer Ave. U. S. Naval Hospital YES NO X 3 NAME OF Middle 4. DATE Month Year DECEASED (Type or print) 19 66 KENNETH TEE SMITH May DEATH 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** ast birthdoy) Months Doys August 3, 1930 Male Cauc. WIDOWED DIVORCED oup us 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be USA USA during most of working ute, even if retired) **INDUSTRY** Paris, Texas 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Robert Wylie Smith Lilly Mae Nowell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 5936 Bangor Drive 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give war or dates of service) 455-44-2433 Mrs. Sylvia C. Smith Alexandria, Va. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH Adenocarcinoma IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO A 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year (State) Haur o.m. factory, street, office bldg., etc.) Not White at work L at work May 14, 21. I certify that (I) (this haspital) attended the deceased from saw the deceased give an 124 May 19 00, and the TO HOSPITAL OR ATTEND Page 4 may be retained 2500 M. fram causes and an the date stated above. saw the deceased alive an and that death accurred at 22o SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 14 May 1966 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) R. D. Martin U. S. Naval Hospital. Bethesda. Md. director, 23d. LOCATION (City or Town) 23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) May 17-56 Cedar Hill Cemetery Suitland, Laryland 2Sb REGISTRAR'S SIGNATURE S. EADDRES shington. D. Co REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Simmons Bros. Funeral Home 1661 GoodHope Rd.



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	Thi DIWIN	agent, I	CAL	20c. TIME OF INJ	URY Month, Day,		. INJURY OCCURRE	D 20e. PLA	CE OF INJU	RY (Home, fa office bldg., e	arm, 20f.	(City or tow	n) (Cou	ity)	(State)
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			**	21. I certify t	hat I took charg		emains described	above, he	ld an Auto	psy 🔲,	Inspection	on [],	Inquiry 🔲,	and in	my opinion
	EXAM he cerl should files.			death resulted	from: Natura	l causes [	, Accident	X , Su	icide 🔲,	Homici	de 🔲,	Undetermi	ned manner		
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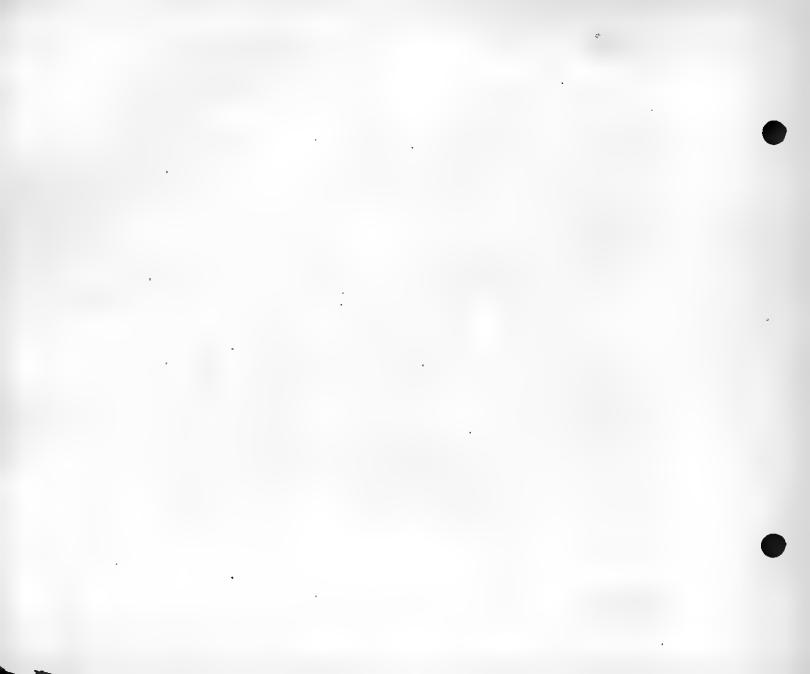
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requires that the death certificate be executed within 24 haurs after death	signed by the attending physician and co burial-transit permit. Then please-Terms burial, crematian, or removal, and in any		18. CAUSE OF DEA	ATH (Enter only one couse H WAS CAUSED BY	per line far	(a), (b), and (c).)	, ,			NTERVAL BETWEEN ONSET AND DEATH
e <del>I</del>	ran		1919	IMMEDIATE CAUSE (o)	<u> </u>	optysis and he	morrnage I	rom respirator	y trant	
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The law attendin	as as	3	PART II. OTHER SIG	NIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED?
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E CA	iffice f Fe	MEDICAL CEPTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCURRED.	Enter nature of injury in	Port I or Port II of item 18.)		
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A11	<b>6</b> € €		22a. SIGNATURE	COL			ATTENDING		22b. DATE	SIGNED
Se z	ed v	,		$\lambda \Delta \Delta \Lambda$	um	aren MI	). PHYS. $\square$	MED. DIRECTOR PHYS.		May 1966
TAL ney	AL Degree fill		22c. PHYSICIAN'S NAME (Type)	J. L. SHUM	AKER	M.D.	22d. ADDRESS U			
9SPI	NER Jd h	-	30. BURIAL, CREMATIO			1 23c NAME OF CEMETERY OR		123d. LOCATION (City or To		unty) (Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The Yaw requires the Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has lleen director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	1	REMOVAL (Specify) Removal	6-2-19			mv Cemete			
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- 1 (A)	MARYLAND STATE DEPARTMENT OF HEALTH
(IVI)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
€ 22€	O7252 CERTIFICATE OF DEATH 07247
hours after death d in by the funera rs. Pages 1 and hours after death	1. PLACE OF DEATH a. COUNTY b. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
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1 February 172	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
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be liciar	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of BUSINESS OR INDUSTRY 10b. Kind of BUSINESS OR INDUSTRY 10c. USUAL OCCUPATION (Give kind of work done industry) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. CITIZEN OF WHAT COUNTRY? 15. CITIZEN OF WHAT COUNTRY? 16. CITIZEN OF WHAT COUNTRY? 17. SALE OF COUNTRY? 17. SALE OF COUNTRY? 18. CITIZEN OF WHAT COUNTRY? 18. CITIZEN OF WHAT COUNTRY? 19. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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endi Fre	15. WAS DECEASED EVER IN U.S. ARMED FOICES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
att erm	Les W.W. I & II Blanche Spears, Same as item #2
the d	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e).] PART I. DEATH WAS CAUSED BY:
an. an. 1 by rans cren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.  JIRETOR: After this certificate has been signed by the attending physician as 3 should be detached for use as the burial-transit permit. Then please as with the State Dept. of Health prior to burial, cremation, or removal, and in	4010 DUE TO 800 00 10 10 10 10 10 10 10 10 10 10 10 1
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law re intendii has bu a ss th	Underlying cause last. (c) PART II, OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. (WAS AUTOPSY
or all	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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ate et at	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work
Aft Part e St Part	21. I certify that (I) (this hospital) attended the deceased from May 1965, to May 27, 1966, that (I) (we) last
TEN Tain Tor:	saw the deceased alive on 140 27 1966, and that death occurred at 30 M, from the causes and on the date stated above.
R AI S S S With With	22a. SIGNATURE 22b. DATE SIGNED
ny by billed	Thomas F. mc makoy M.D. ATTENDING MED. STAFF 15-27-66
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or a TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health	220. PHYSICIAN'S NAME (Type) MANGE (Type) MA
Page Clire	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify) 6/1/66   Arlington Natorea.   23d. Location (City, town or county)    Arlington, Va.
E P	
VD 415 (4)	24. FUNERAL DIRECTOR 25a. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	DOSEPH (-AULERS, SERS, WASHINETON OPPAREUN 3 1966 foliarles Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND CUTGOINERO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? in any event, with NAME OF DECEASED DATE 196.6 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED [ FEMALE WIDOWED IV DIVORCED [ 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR RIREHPLACE (County & State, or foreign country) please COUNTRY? during mospof working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending by ermit. Then remova 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) burial-tra DUE TO Conditions, If any, which been gave rise to immediate r the l DUE TO cause (a), stating the underlying cause last. ofter this certificate has be detached for use as State Dept. of Health prior 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO II 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20b. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year should be factory, street, office bldg., etc.) Hour a.m. - Not While p.m. at work at work 3 should with the 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: and that death occurred at & M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATU 22b. MED. STAFF ATTENDING DIRECTOR HOSPITAL 22c. PHYSICIAN'S NAME (Type) ADDRESS director, p NAME OF CEMETERY OR CREMATORY town or county BURIAL, CREMATION, VR A15 (4)



1	XX	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE	C7256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 67249
HEALTH	DEPT.	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  6. STATE MARYLAND  COUNTY  MARYLAND
funeral may be	Department after death.	b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Write RURAL and give nearest town)
2 ro	e Depa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  7801 Takoma Ave  7801-TAKOMA AVE  9. IS RESIDENCE ON A FARM? YES I NOTE
delay and 3 to 3. Page	the State 72 hours	3. NAME OF First Middle Last 4. DATE Month Gay Year
h. If any es 1, 2, orm PM	2 with th Within 7.	Type or print)  SPITZER  DEATH  DEATH  DEATH  19 66  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  19 AGE (in years   Fonder 1 year   Funder 24 hrs.    10 AGE (in years   Fonder 1 year   Funder 24 hrs.    10 AGE (in years   Fonder 1 year   Funder 24 hrs.    11 AGE (in years   Fonder 1 year   Funder 24 hrs.    12 AGE (in years   Fonder 1 year   Funder 24 hrs.    13 AGE (in years   Fonder 1 year   Funder 24 hrs.    14 AGE (in years   Fonder 1 year   Funder 24 hrs.    15 AGE (in years   Fonder 1 year   Funder 24 hrs.    16 AGE (in years   Fonder 1 year   Funder 24 hrs.    17 AGE (in years   Fonder 1 year   Funder 24 hrs.    18 AGE (in years   Fonder 1 year   Funder 24 hrs.    19 AGE (in years   Fonder 1 year   Funder 24 hrs.    19 AGE (in years   Fonder 1 year   Funder 24 hrs.    10 AGE (in years   Fonder 1 year   Funder 24 hrs.    10 AGE (in years   Fonder 1 year   Funder 24 hrs.    10 AGE (in years   Fonder 1 year   Funder 24 hrs.    10 AGE (in years   Fonder 1 year   Funder 24 hrs.    11 AGE (in years   Fonder 1 year   Funder 24 hrs.    12 AGE (in years   Fonder 1 year   Funder 2 year   Funder 2 year   Funder 2 year    13 AGE (in years   Fonder 1 year   Funder 2 year   Funder 2 year   Funder 2 year   Funder 2 year    14 AGE (in year   Funder 2 year    15 AGE (in year   Funder 2 year    16 AGE (in year   Funder 2 year    16 AGE (in year   Funder 2
- m	event w	DIVORCED DIVORCED THOU STATE WIDOWED DIVORCED TO USUAL OCCUPATION (Give king of work done 10b, Kind of Business or 11. Birthplace (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s after dez 18. Give Pa ilong with	See	13. FATHER'S NAME 14. MOTHER'S MANDEN NAME
24 hour n Item 1 Office		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as abone (d)
E E S	permit. Fremoval,	(Yes, no, or upflown) (If yes give war or dates of service)  No Ne TAMES R. SPIZER - (SON)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  INTERVAL BETWEEN
uted withi " in penci Examiner	sit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE ONSET AND DEATH
be exec pending Medical	uid be used as a burial-transit prior to burial, cremation, or	Conditions, If eny, which gave rise to immediate (b) ARTERISCLEIROTIC HEART DISEASE TO YRS.
hould bord "pord "p		ceuse (a), stating the DUE TO underlying cause lest. (c)
the W		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
s certific writing th rded to		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
ER: This cer cate, writin e forwarded	3 shoul	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    County
EXAMIN ne certifi should be	OR: Page	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
transport file	de S	CHIEF MEDICAL EXAMINER
Execute Page	0 -	EXAMINER'S C DEPUTY MEDICAL EXAMINER W 21 1966
O DEPUTY please e. director.	Of Realth of	Address (Street, City, town, or county)  238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City, town or county)  REMOVAL (Specify)  24emon19(de LINVIII & Cemetery. BROADWAY. VA.
-	5ME (5)	24. FUNERAL DIRECTOR TOWN AND ALL ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE PLANE OF A 100 MW. DAY 2 4 1966 ICharles Judget
5M	1/65	1400 C/A HOE 1000 1 1000 1 1000 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY COUNTY / the 10 after MARYLAND b. CITY OR TOWN (If outside corporate limits, OR TOWN (If outside corporate I)mits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ģ write RURAL and give nearest town) and completely filled in by emove carbon papers. Pag any event, within 72 hours hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ND X YES executed within 3. NAME OF Day First Middle DATE Month Year Last 4. DECEASED OF DEATH (Type or print) 19 66 5. SEX 6. COLOR OR RACE 8. DATE IF UNDER 24 HRS OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthday) Months Hours WIDOWED DIVORCED physician and ph 10a, USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State. &r foreign country) during most of working life, eyen if retired) INDUSTRY COUNTRY'S death certificate be HOTEL Buisness 13. FATHER'S NAME remova FUNERAL DIRECTOR: After this certificate has been signed by the attending lrector, page 3 should be detached for use as the burial-transit permit. The nould be filed with the State Dept. of Health prior to burial, cremation, or remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 712. ERIE 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) NRS THERESE PARK 18. CAUSE DF DEATH [ Enter only one cause per Jine for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a). stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUT 19. PERFORMED? NO S YES | 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bidg., etc.) Hour a.m. While Not While OR ATTENDING I be retained by t 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 196 and that death occurred at 2 PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENDING PHYS. STAFF PHYS. 566 Page 4 may t DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) 800 Richard Cohen, M.D. Pershing Drive, Silver Spring, 23a. BURIAL, OREMATION, DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 25a. 25b 1966 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) MARYLAND by the b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If ourside corporate limits, write RURAL and give nearest fown 2, d. NAME OF HOSPITAL OF INSTITUTION/(if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREE ADDRESS event, within 72 No No Nam YES etely executed within NAME OF DATE Middle Month Day Year DECEASED OF comple (Type or print) DEATH 1966 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED 8. гетоле Months | Days Hours Uhite mle WIDDWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT cian ease death certificate be during most of working life, even if retired) COUNTRY? and 154 MILL WOLK Manuser Kellu 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Stevens Fannie Miller attendi 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address transit permit (Yes, no, or unkown) ((If yes give war or dates of service) 222 07 4753 Helen G. Stevens Same as #2 (wife) no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed burial-tra burial, cr DUE TO OSCLEROTIC HEAR Cenditions, if any, which рееп gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. PHYSICIAN: The law (c) PART 11, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? certificate YES V NO [ detached fr 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg.; etc.) Hour a.m. After d be d While Not While at work at work retained 1966 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from April DIRECTOR: 46, and that death occurred at 45 AM, from the causes and on the date stated above. 19 3 showith saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF PHYS. page filed M.D DIRECTOR PHYS. TO FUNERAL I director, pa should be fil HOSPITAL PHYSICIAN'S 22C. 22d. ADDRESS NAME OF CEMETERY OF CREMINISTS (State) 23a. BURIAL, CREMATION, DATE THEREO 23d. LOCATION (City, town or county) B STAPLAL (Specify) 5/9/66 Ft. Lincoln Colmar Manor. Md. ADDRESS 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md. VR A15 (4) Jbb 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) and a. COUNTY b. COUNTY a. STATE IONI GOMERI MARYLAND JE GOMEUS b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (own) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 31.08 - Is NO X YES 3. NAME OF DATE Month LESTABLE event, (Type or print) DEATH 1966 TEINART 6. COLOR OR RACE AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) Months | Days | Hours | Min. **OATE OF BIRTH** геглоуе 7. MARRIED NEVER MARRIED 16-17-16 WIDOWED [ DIVORCED ( 10a. USUAL OCCUPATION (Give kind of work done of the line of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Industrial Readiness & GOVEKUMEN. FATHER'S NAME MOTHER'S MAIDEN NAME William Albert Stewart Sue Payne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknwn) (If yes nive war or dates of service) 216-44-4392 Stewart 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate 事なった DUE TO cause (a), stating the prior 1 underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CATI NO F YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) ö detached Dept. MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) به Hour a.m. While Not While at work at work p.m. P the 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should iled with the 19 66 and that death occurred at 9:00 PM, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNEO 22a. SIGNATURE page . M.D. PHYS. DIRECTOR PHYS. TO FUNERAL I director, pag should be fill O HOSPITAL 22c. PHYSICIAN'S ADDRESS NAME (Type) 4323 Havard St., Silver Spring, Md. Richard Delaney, M.D. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Parklawn Cemetery Burial 1966 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07258 CERTIFICATE OF DEATH executed within 24 hours after death. death and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH campletely filled in by the funeral ave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY CRITOCHIER WASHINETOND.C. MARYLAND b CITY OR TOWN (If ourside corporate ...mirs. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi thin 72 haurs o write RURAL and give nearest town! 77 mouths CHHSE-15 RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO i 3 NAME OF 4. DATE please-remaye carban Month Doy Year DECEASED (Type or print) ARGAREL JYEW HAT DEATH 19 6.6 IF LINDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ost birthdoy) Months Dovs Hours and in any DIVORCED 4178. PEDIALE. the attending physician and sit permit. Then please rem 10a LSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY The law requires that the death certificate MCGSELUIFE NEW FOUR DAME V. 13 FATHER'S NAME ar remava 16 SOCIAL SECURITY NO. 17 INFORMANI (Yes, no, or unknown) (If yes give wor or dates of service) crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per time for (o), (b), of (c))
PART I DEATH WAS CAUSED BY. AND DEATH burial-transit IMMEDIATE CAUSE (0) signed by DIJE 10 burial. Conditions, if any, which gove rise to immediate couse (a), DUE TO storing the underlying couse Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been prior ta 30 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH with the State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour om. foctory, strefft, office bldg , etc.) Not White ot work 2 . 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram 19 1 2, ta 1966, and that death accurred at 60 M, fram causes and an the date stated above. saw the deceased all 22o. SIGNATI DATE SIGNED DIRECTOR M.D PHYS PHYS director, page 3 should be filed filed 22d. ADDRESS 22c. PHYSICIAN (1)3 NAME (Type) لد س DC 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Removal (Specify) 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR OS eph G ons, VR A15 (4) Inc. 20 M 1/66



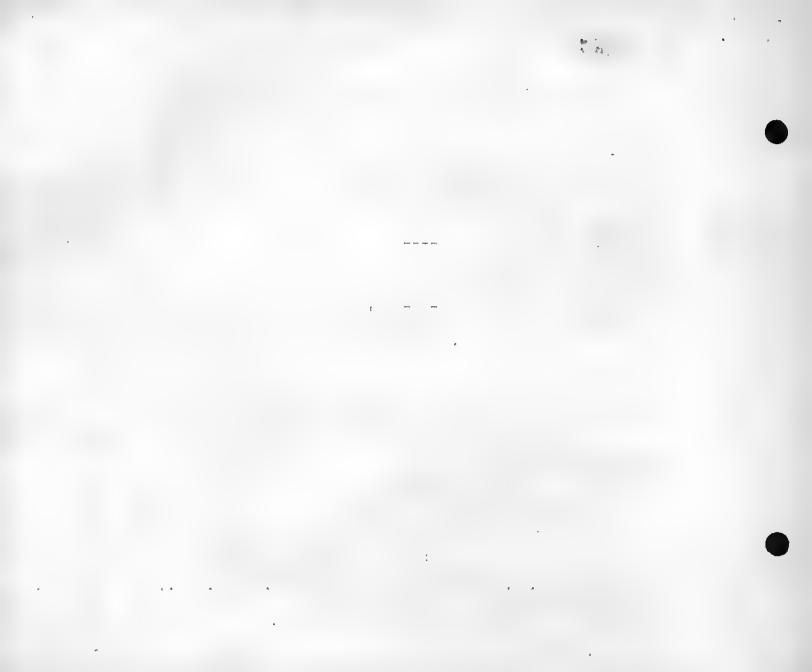
vs.tian and completely filled in by the funeral press. Pages 1 and 2 press. Pages 1 and 2 rand in any event, within 72 hours after death.	1. PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	CERTIFICAT	2. USUAL RESIDENCE (	Whore deceated lived If insti	<u> </u>
ers. Pages 1 and 72 hours after deaf	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND		Whose deceased lived If insti	
STDOTI 7.	write RURAL and give nearest town)	I C. LENGTH OF STAY IN 1b	2. STATE Maryland c. CITY OR TOWN (15 out	Mont	
	Silver Spring		Silver Sp		/ . /
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in 12018 Remington Drive	nospital, give street address)	d. STREET ADDRESS	ington Drive	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME DF First DECEASED (Type or print) 9 rma	Middle C. 57	TICKEL 4.		Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH March 12, 189	9. AGE (In years I	FUNDER 1 YEAR IF UNDER 24 HR Months Oays Hours Min.
	Housewide	AIND OF BUSINESS OR INDUSTRY  wn home	Canada	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Henry Geltis		Minnie Sy	kes	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		INFORMANT nest G. Stick	el Wheaton,	ington Dr. Maryland
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  OUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRID	remomati	ited to the terminal dise	ase condition given in P	INTERVAL BETWEEN ONSET AND DEATH  MON THE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In)	ury in Part I or Part II of	YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Not While facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
אוויות חבר שונו מובי	21. I certify that (I) (this hospital) attends as the deceased alive on 2 MH 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) WALTER E		ATTENDING MED DIRECTOR DIRECTO	M, from the causes a staff Phys. CIR CONT CIR 23d. LOCATION (City, to)	
(4) 65	Rurial 24. FUNERAL DIRECTOR SURVEY Warner E. Pumphrey, Inc. S.	Knollwood Ce   ADDRESS   134 Georgia Ave   Luer Spring, M	25a. REC'D	BY REGISTRAR   25b. RE	Ohio GISTRAR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY within 24 hours a. STATE b. COUNTY 12 t death. Montgomery Maryland Montg. MARYLAND pue b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete fimits, write RURAL end give nearest town) write RURAL and give neerest town) 5 Gaithersburg Gaithersburg d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Russell AVE YES NO 3. NAME OF First Middle Last 4. DATE Month DECEASED OF (Type or print) Rinker Stover DEATH Magdalene 15th 1966 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last, birthdey) Months WIDOWED KT Female White DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) House Wife MtJackson. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert S. Rinker Zehring Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress [Yes, no, or unkown] | [Ifyes give war or detes of service] Dorothy S. Freeman. As No 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 for IMMEDIATE CAUSE (e) DUE TO - Peration tout deven Conditions, if any, which gove rise to immediate cause DUE TO (a), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONVERBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMED? prior NO Z 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stelle) òţ factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR et work at work 21. I certify that (I) (this hospital) attended the deceased from 1957, 19..., 19..., 10.5. 1944, that (I) (we) last saw the deceased alive on 5-1966, and that death occurred at 3 A.M. from the causes and on the date stated above. 22e. SIGNATUR 22b. DATE ATTENDING MED. SIGNED HOSPITAL FUNERAL DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS filed v ■AME (fry death. TO FU MAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. (Steta) VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07261 CERTIFICATE OF DEATH the executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH b. COUNTY / MARYLAND AFNGTH OF STAY IN 16 corporate limits, write RURAL and give nearest town (If ourside corporate/I faits papers. Pog hin 72 havrs ( e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 NO [ 3. NAME OF DATE Month completely 1 nove carban DECEASED OF DEATH (Type or print) 9 AGE ( n years IF UNDER I IF UNDER 24 HRS SEX COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months 4 Hours DIVORCED or removol, and in any WIDOWED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working I te, even if retired) INDUSTRY physician en please PHYSICIAN: The law requires that the death certificat 13. FATHER S/NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 577-10-0637 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Rheumatic heart disease IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 😾 NO ö 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. factory, street, office bldg., etc.) Not While ot work 1966 that (1) (we) las 21. I certify that (I) (this haspital) attended the deceased from D ML 21. 1967, and that death accurred at 752 M, fram causes and an the date stated above saw the deceased alive on-22b DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** □ | May 4, 1966 DIRECTOR M.D , page 3 be filed TO HOSPITAL C 22d. ADDRESS 22c PHYSICIAN'S Wm. S. Marphy 615 W. Montg. Ave., Rockville, Md. NAME (Type) 23d LOCATION (City or Town) 23d NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 236. DATE THEREOF (County) Burrial (Specify) 5/7/1966 Silver Spring Maryland Gate of Heaven Cem. 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Cliarles 1966 DATMAY Bethesda, Maryland Robert A. Pumphrey



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07262 CERTIFICATE OF DEATH within 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) MARYLAND outside corporate limits, write RURAY and give nearest tow NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NAME OF DECEASED DATE Doy Year OF DEATH (Type of print) he law requires that the death certificate be executed 9 AGE (In years IF UNDER 24 HRS 7 MARRIED Months 2 lost birthdoy) and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during prost of working life, even if retired) INDUSTRY Extile morke 13 FATHER'S NAME crematian, ar removal, Catherine Friendly 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Same as Item 2. Jennie H. Sweeny 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO FUNERAL DIRECTOR: After this certificate 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Not While factory, street, office bldg., etc.) p.m. , 1966, that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram\_\_\_\_ 1966 , and that death accurred at  $6^2$ M, fram causes and an the date stated above. saw the deceased alive on May DATE SIGNED 22b 22p SIGNATURE ATTENDING PHYS DIRECTOR 22c. PHYSICIAN S 22d ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 235 DATE THEREOF (County) BUREMOVAL (Specify) 5-6-66 Parklawn Cemetery Rockville, Maryland 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT A. Bethesda. MarylandMAY

MARYLAND STATE DEPARTMENT OF HEALTH



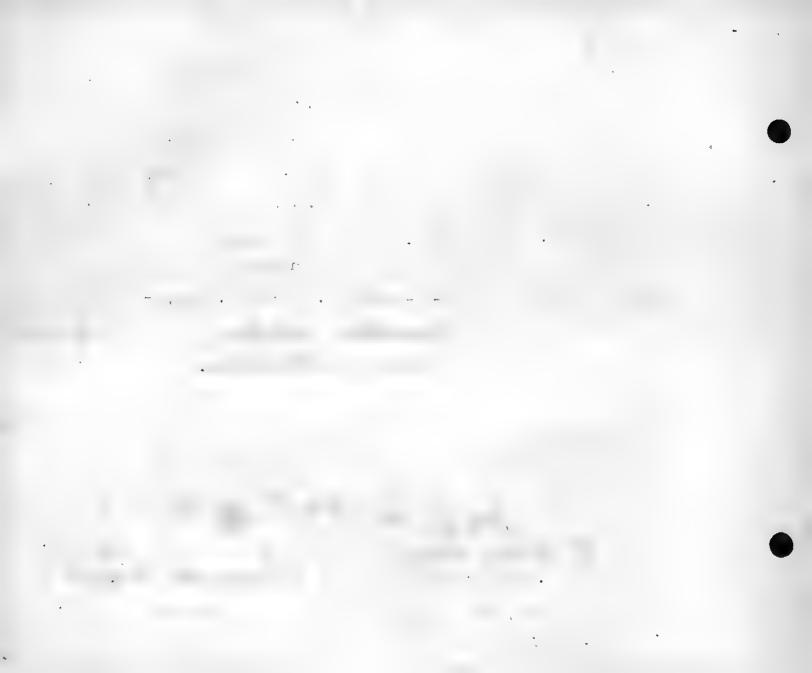
		RE 1. MARYLAND
67263 CERTIFICAT		07258
1. PLACE OF DEATH  B. COUNTY MINIGONISM  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If inst	
b. CITY DR TOWN (If partiale corporate limits, write RURAL end give negres town)  Security Spring	c. CITY OR TOWN (if outside copporate limits, wri	te RURAL end give nearest town
d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address  Holy Crass Haspital	d. STREET ADDRESS 208 Cheida St. 1	V. E   8. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF FIRST Middle DECEASED (Type or print) CHARLES FRANCIS	Last 4. DATE Month TARWATER DEATH MAY	Day Year 3 1966
5. SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED		IF UNDER 1 YEAR   FUNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, eyen if retired)  LUSY CAMEL RUPE  LUSY CAM	11. BORTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Charles Lee Tarwater	Clara M. Bailey	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	Urs. Dairy P. Tarwate	2 (samas # 2)
PART I. DEATH WAS CAUSED BY:  JMMEDIATE CAUSE (a)	MYOCARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
Conditions, If any, which \ 00 CORCNA	RY ARTERY DISEASE	YEARS
cause (a), stating the DUE TO underlying cause last. (c)		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO NO
	URRED. (Enter nature of Injury in Part I or Part II of	f Item 18.)
20c. TiME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL   Hour a.m.   While   Not While   at work   at work	ACE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from	at death occurred at 2 PM, from the causes	_, 19 <i>66</i> , that (I) (we) las
		22b. DATE SIGNED
NAME (Type) Herbert L. TANENBALL	1 4400 CONM QUE	nW Wookte
REMOVAL (SOPELIFY) March / 1016/ 2011	coly Cemetery Gr. Die. C.	wn or county) (State)  6. Marylund  GISTRAR'S SIGNATURE
Jarihur Walters, 254 Carrall & Ny C	C MAY 5 1966 get	carles Judge
	DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICAT    PLACE OF DEATH	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH    PLACE OF DEATH



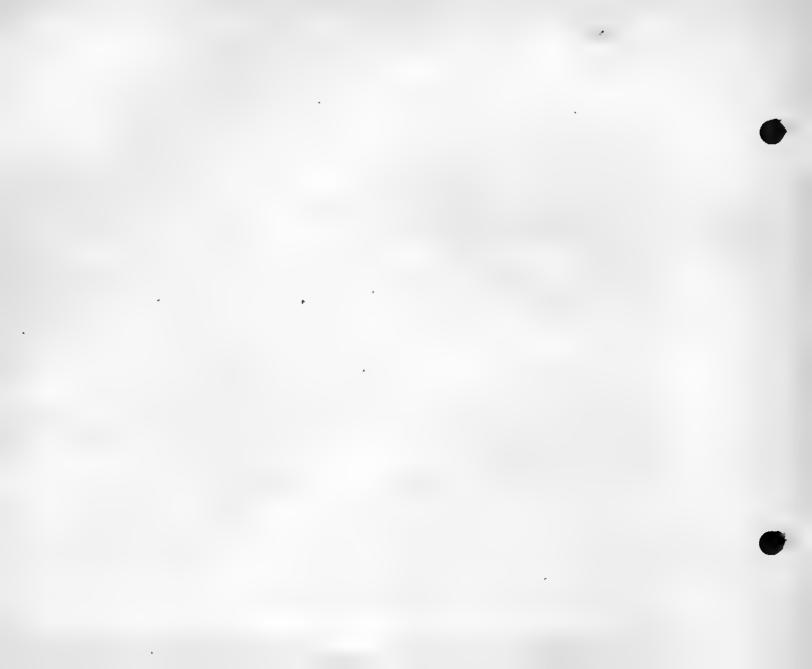
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37259 CERTIFICATE OF DEATH 7269 requires that the death certificate be executed within 24 haurs after death filled in by the funeral popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE Alabama o. COUNTY b. COUNTY Montgomery MARYLAND c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carporate firmits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate mits, te RURAL and give nearest town Bethesda (rural Cottondale d. NAME OF HOSP-TAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital, Bethesda, Md. 33 Lake Wildwood YES NO IX 3 NAME OF First DATE Manth Day Year DECEASED (Type or print) 19 66 20 Jon Michael Taylor May DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH AGE ( n years Manths last buthdoy) Dovs Hours remov August 16, 1946 Male Caucasian WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most at warking life, even if retired) U.S. INDUSTRY Pensacola, Florida 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME by the attending phy John Taylor Mildred Winters WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 33 Lake Wildwood (Yes, no, or unknown) {(If yes give war ar dates of service b signed by the after burial-transit permi burial, cremation, o Mrs. Mildred Taylor Cottondale, Alabama Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY Brain Tumor MMEDIATE CAUSE (a) X211 DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the prior to hos been last. WAS ALTOPSY PERFORMED? ES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg, etc.) 19 66 to May 20 19 66, that 2(1) (we) lost 21. I certify that (this haspital) attended the deceased from May o be retained 1966, and that death accurred at 940AM, from causes and an the date stated above. May 20 saw the deceased olive an 220 SIGNATURA 22b. DATE SIGNED ATTENDING 21 May 1966 DIRECTOR M.D. director, page should be filed S. Naval Hospital, Bethesda, Md. 22c PHYSICIAN'S Robert C. Garrison M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23d LOCATION (City or Town) DATE THEREOF (County) (State) THE WAL (Specify) Memorial Park Cemetery Tuscaloosa, Alabama **ADDRESS** 24. FUNERAL DIRECTOR W. W. Chambers Co. 1400 Chapin St., N.W. VR A15 (4) 20 M 3/66 Washington, D. C.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY MONTGOMERY Montgomery MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours 25 years Bethesda Bethesda papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? within 5515 Johnson Avenue 5515 Johnson Avenue NO X YES within etely pou Middle Last DATE Month Oav DECEASED William car (Type or print) Heber THAMES DEATH death certificate be executed 6. COLOR DR RACE 5. SEX OATE OF BIRTH IF UNDER 24 HRS. AGE An years | JF UNDER 1 YEAR 7. MARRIEO - NEVER MARRIEO last birthday) Months Male Hours Caucasian Dec. 14, 1890 WICOWED [ OLYORGEO [ 75 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Telephone Co. Retired Mississippi USA ng physic hen ples 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME remova William Thames Fanny Yates attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 5 (Yes, no, or unkown) [(If yes give war or dates of service) YES WWI Mrs. Virginia B. Thames-Same Item #2 577-01-2503 XX cremation, the ă CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN that the ONSET AND GEATH al-trans PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed been some burian burial, DUE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. (c) 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMEO? certificate NO X YES 0 PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING I OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert 1 or Part 1) of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURREO 20f. (City or town) 20c. TIME OF INJURY Month, Oav. Year 20e, PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. p 21. I certify that (i) (this hospital) attended the deceased from OIRECTOR age 3 shot iled with t and that death occurred at from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE OATE SIGNED 22b. page MEO. STAFE M.O. DIRECTOR PHYS. FUNERAL director, p 22c. PHYSICIAN AOORESS NAME (Type) LeRoy DUNN BURIAL CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) 2 5/13/1966 Arlington VIRGINIA Arlington National Burial 24. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bethesda, Maryland Robert A. Pumphrey VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND DEATH funeral and 2 r death. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY after after MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) ve carbon papers. Pag event, within 72 hours hours 16 66 116 Ε, d! NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? filled NOT YES completely executed within NAME OF Day First Middla OFCFASED OF 1966 KREN DEATH (Type or print) 5. SEX 6. OOLOR OR RACE AGE (In years LIF UNDER 1 YEAR HE UNOER 24 HRS DATE OF BIRTH NEVER MARRIEO I last birthday) Months | Days Hours апу WIOOWED OJVORCEO [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working lifa, even if retired) TUPER VISOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pr геттоуа 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. 17. been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unknwn) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the PART I. CEATH WAS CAUSED BY: or attending physician. **OUE TO** Conditions, if any, which (b) gave rise to immediate as the prior to OUE TO cause (a), stating tha underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMEOZ for use YES NO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter natura of injury in Part I or Part II of Item 18.) of FUNERAL DIRECTOR: After this ce irector, page 3 should be detache nould be filed with the State Dept. MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20a, PLACE DF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work Nov 2-1966 19 21. I certify that (I) (this hospital) attended the deceased from . and that death occurred at. M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNEO page ATTENDING M.D. PHYS. OIRECTOR PHYS PHYSICIAN'S 22c. 22d. ADDRESS director, p should be 1 ABKIN NAME (Type) 280 KC in BURIAL, CREMATION, 23b. DATE THEREDE LOCATION (City. (State) town or county) FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 24. 25a. REC'D BY REGISTRAR 4-64



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	67267 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 67262					
HEALIH DEST	1 PLACE OF DEATH  a. SOUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, f institution: Residence before odm ssion)  a. STATE  May V and  b. (OUNTY Mant anmove)					
9 2 2	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If adside corporate limits, write RURAL and give nearest town)					
Dep rs o	d NAME OF HOSP, TAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE					
leath II Pages I, vith farm e State De 72 hours	Washington San + Hasketal 2//E. Frankin Hye. VES NO 13 NAME OF LOST 4 DATE Month Day Year					
after death 18. Giv≡ Pages alang with far within 72 hou	OF THE PROPERTY OF THE PROPERT					
rs after 18. Gives e alang	Female White WIDOWED DOVORCED JUNe 14, 1911 3 bost prinday) Months Days Hours Min					
1 in Item 1. et on 1.	100 USUAL OCCUPAT ON (Give kind of work dane during most of working life, even if retired)  NOUSTRY  Nousewife  10b K ND OF BUSINESS OR  INDUSTRY  Own home  11 BIRTHPLACE (State or foreign country)  Ashville, N. C.  12 CITIZEN OF WHAT  COUNTRY?  U. S. A.					
hin 24 nined in nine pages in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
North Designation of the standard of the stand	W. W. Walker  15 WAS DECEASED EVER. IN U.S. ARMED FORCES?  16 SOC A. SECURITY NO 17 INFORMANT  2 - C. Adwess  Adwess					
0	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) None  None  16 SOC A. SECURITY NO  None  17 INFORMANT  James L. Thompson  Silver Spring, Md,					
ate shauld be executery the ward "pending" of the Chief Medical a burial-transit permit cremation, or removal,	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive subarachnoid and subdura!  IMMEDIATE CAUSE (a)  Massive subarachnoid and subdura!					
e shauid the ward ta the Ch burial-tro	Conditions if any which rave a hemorphage					
the shifter of the tart	(b) Storing the underlying cause DUE TO					
certifica arwarder used as burial, c	lost. (c)					
his certificate shate, writing the deferwarded tat be used as a bur to burief, cremant	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?  YES NO					
INER: This of the certificate, should be far files. 3 should be used the should be used to should be used.	PRIMARY CONTRIBUTING CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH  200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH  200 TIME OF INJURY Month, Day, Year 200 INJURY OCCURRED 200 PLACE OF INJURY (Home farm, Hour a.m. 201 (City ar tawn) (County) (State)					
N a d I % t	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, Hour a.m. p.m. 19 Nat While at work at work					
L EX ecute Page or year R: Po	21. I certify that I taak charge of the remains described phave, held on Autopsy . Inspection . Inquiry . and in my opinion					
ttar. trar. trar. Secto	death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined manner					
MLTK-1L EXA please execute i directar. Page retained for you birectors: Page retained for you birectors: Page is designated a	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED					
necessary, please execute the the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S BELDEN R, REAPM, D. DEPUTI AD, CALLED AND, CALLED STORE STORE STORE COUNTY) 5/30/1966					
To un neces the f 5 mo 5 mo To Full	230 BURIA, CREMATION, REMOUNAL (Specify) REMOUNAL (Specify) May 31, 1966 Parklawn Cemetery Rockville, Maryland					
63	24 FUNERAL DIRECTOR 4 10 - 4 C ADDRESS					
VR A15ME (5) 6M 1/66	Warner E. Pumphrey, Inc. Silver Spring. Nd. JUN 2 1966 gettarles Judge.					

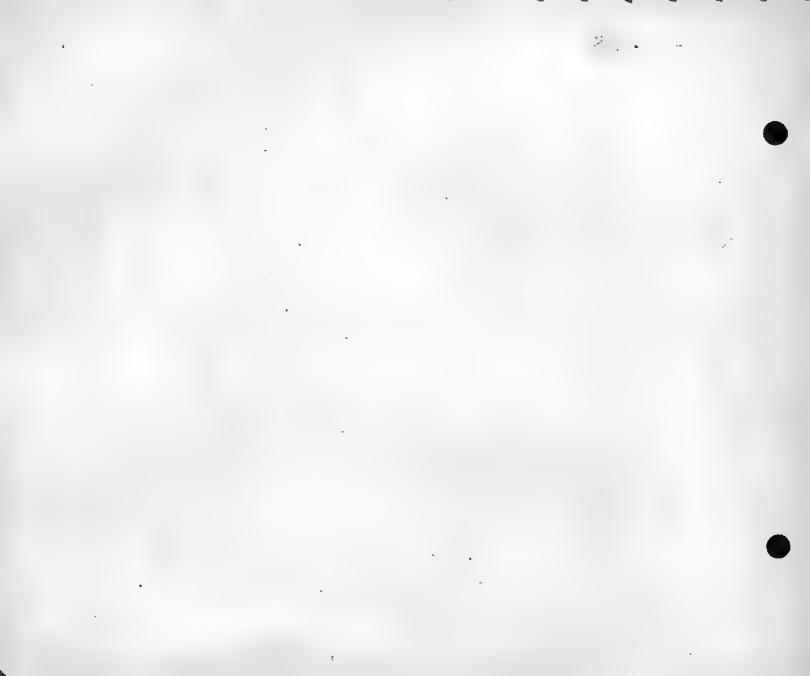
Items 18%21 Film G379 7/MARYCANDISTATE DEPARTMENT OF HEALTH

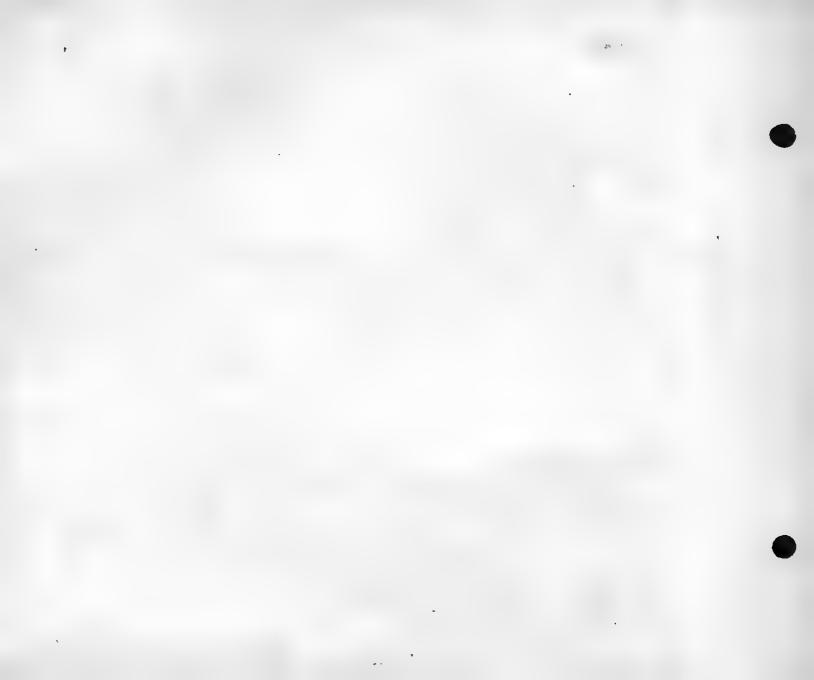




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. CDUNTY Montgomery a. STATE aryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE 24 DN A FARM? 315 Broadwood Drive within 315 Broadwood Drive ND X death certificate be executed within 3. NAME DE DATE First Middle 4. Month Year DECEASED FARL (Type or print) COMPTON  $\Psi$ OT,RFR $\Psi$ DEATH May 26,1966 19 6. COLDR DR RACE | 7. MARRIEDXX NEVER MARRIED DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS last birthday) Months I Days White Male June 14,1908 WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired) INDUSTRY

Restaurant Manager 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? N. Carolina IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 202 William M. Tolbe rt he attending permit. The Mary Berry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 577-05-6938 Jean W. Tolbert same item cremation, wife 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a signed burial DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last, FICATION PART II. DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? ND I YES ! 2Da ACCIDENT WAS UNDERLYING F PHYSICIAN: this cerm detached fr MJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While at work at work 0 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at 20 saw the deceased alive a M. from the causes and on the date stated above. SIGNATURE DATE SIGNED 22a. 22b. ATTENDING page PHYS. M.D. DIRECTOR HOSPITAL To Function, pr FUNERAL PHYSICIAN'S ADDRESS Robert C. NAME (Type) Veirs 09 Road. Róckvil BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) Parklawn Rockville. Maryland Burial FUNERAL DIRECTOR REC'D BY RECISTRAR Wheeler Funeral Home VR A15 (4) 20M 1/65





MISS, TRAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral 1 and 2 1er déath, death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) PLACE OF DEAT a. COUNTY b. COUNTY/ MARYLAND The law requires that the death certificate be executed within 24 hours after and in any event, within 72 hours after Pages LINGTH OF STAY IN 16 b. CITY OR TOWN (If outside-corporate/lim is c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) papers. .⊑ IS RESIDENCE ON A FARM? YES NO Middle 3 NAME OF 4. DATE remove carbon completely DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER COLOR OR RACE 7. MARRIED NEVER MARRIED Cirthday) Months Days WIDOWED DIVORCED B 10a JSUAPOCCUPATION (Grve kind af work dane duringrings) of working life, even if retired) 10b KIND OF BUSINESS OR 2. CITIZEN OF WHAT INDUSTRY COUNTRY? burial, cremation, or remay 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dates af service) Same AE 16 SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per ing for (a), (b), and (c) signed by the burial-transit p PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been 3 should be detached for use as the with the State Dept. of Health prior to PART II DTHER SIGNIEJOANT CONDITIONS CONTRIBUTING TO DEAT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO YES 🗌 O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20a INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, office blda., etc.) Nat While of work L ot work 1963, to 5-23 21. I certify that (1) (this hospital) attended the deceased fram. \_, 19<u>.66</u>, that ([) (we) last 1966, and that death accurred at 1240 M, from causes and on the date stated above. saw the deceased alive an... 22a, SIGNATURE STAFF PHYS. ATTENDING director, page 3 should be filed v M.D. PHYS DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23a. BURIAL, CREMATION, (County) (State) PEMOVAL (Specify) Frederick, Maryland May 26. 1966 Mount Olivet Cemetery REGISTRAR'S SIGNATURE **BEC'D BY REGISTRAR** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son. Frederick. Marylandin



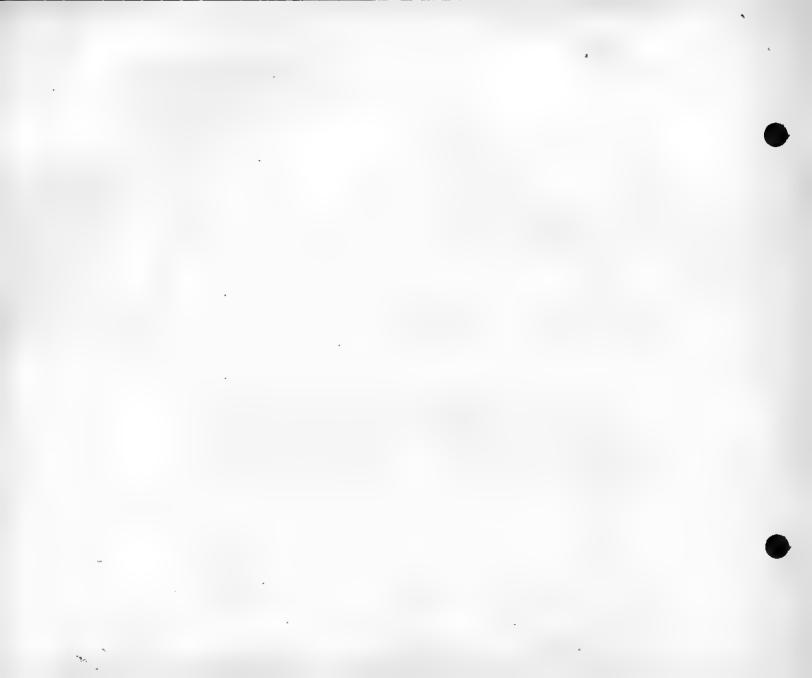
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death the attending physican and completely filled in by the funeral sit permit. Then, please I and nation, or remotal angles, emove carbon papers. Pages I and nation, or remotal angles nany event, within 72 hours after deap 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND E LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate ilmits CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Silver Sprin daus d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES 🗔 NO TV Middlev Lost 4. DATE Month Doy Year DECEASED WALKER 19 66 THAIY (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE ( n years S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours WHITE DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME signed by the attending p buriol-transit permit. The buriol, crematian, or remov WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) ) ONSET AND DEATH PART I DEATH WAS CAUSED BY PNEUMONIA Week IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO for use as the b f Health priar to b stoling the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol ar ottending TO FUNERAL DIRECTOR: After this certificate has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO CHRONIC YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg , etc.) of work may 16, 1966 that (1) (we) last 2). I certify that (1) (this haspital) attended the deceased from acres. . 19 5 77 to. May 13 19 66, and that death accurred at 1234 M, from causes and an the date stated above. sow the deceased alive on. 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** may 16, 1966 aureno Mask M.D. DIRECTOR directar, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) ammence NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF (County) emete 30010 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Milane 1 sullangle

1 × 1 == 1			Division of STATISTICAL	MARYLAND STATE DEF L RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201
	~ ~~~		07273	CERTIFICATE	OF DEATH	67268
s after death	and and		PLACE OF DEATH D. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if ins o. STATE Maryland b. (	
ours affe	havrs at		G CITY OR TOWN (If ourside carparate limits, write RURAL and give nearest town) Silver Spring	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write Silver Spring	RURAL and give nearest tawn)
24 ho	pers. 72 hc	(	T NAME OF HOSPITAL OR INSTITUTION (If not in hi		d STREET ADDRESS	e IS RESIDENCE ON A FARM?
thin fille			16001 New Hampshire	Ave • Middle	16001 New Hampshire Av	Agnth Doy Year
d wil	arba nt, w	(	DECEASED Thomas  Type or print)  Thomas	John Wallace	OF DEATH	5 21 19 66
executed within 24 hc	in any event, within 72 h		Male Negro WI	MIDOWED DIVORCED	DATE OF BIRTH  11/22/80  9 AGE (In year logs birthdo)	Months Days Hours Min.
ite be ex	and in c	10o. duri	USUAL OCCUPATION (Give kind af wark done ng most af warking life, even if retired)  Retired	10P KIND OF BUSINESS OF	11 BIRTHPLACE (County & Stote, or foreign country)  Wash., D. C.	12. CIT ZEN OF WHAT COUNTRY? USA
certifica	Tayor.	13.	John Wallace		14. MOTHER'S MAIDEN NAME Carrie Webster	
death (	rmıt. T	iş (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates of servi		mily & Hosp. Records,	Olney, Md.
Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending pages and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Heart see remaye carban papers. Pages 1 and shauld be disected far use as the burial-transit permit. Heart see remaye carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayabend in any event, within 72 hours after the complete of the complete	he burial, crematio		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  BUE TO  Canditians, if any, which gave rise to immediate couse (o), stating the underlying cause last.  (c)	or line tor (0), (b), and (c).)	aceeder; il	INTERVAL BETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been	director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIB	tus, Artunschus	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a	YES NO X
SICIAN aspital certifica	hed far it. af He	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,	Enter noture of injury in Part I ar Part 11 of item 18.	
46 PHY	detac ate Dep	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While Not While factor	E OF INJURY (Home, farm, 20f (City or town cry, street, affice bldg , etc.)	, , , , , , , , , , , , , , , , , , , ,
TTENDIA ained by	h the Sto		21. I certify that (I) (this hospital) saw the deceased alive an 1/0-		death occurred at/2 30 PM, fram cous	es and an the date stated abave.
OR A Disection	ge 3 st led wit		- x o domy	y any M.D	ATTENDING MED STAFF PHYS. DIRECTOR PHYS.	D 220. DATE STORED
PITAI may :RAL	r, pa		NAME (Type) A. Dement Bo	onifant	and the sides	
TO HOSI Page 4 To Fund A VIVE Sow 1/98		230	BURIAL CREMATION, 236 DATE THEREOF 5/24/6		al Sancy	Srping, Ma.
		24	FUNERAL DIRECTOR	wde Rockiel		Clianta Quise



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyed, if institution, Residence before admission) o. COUNTY MARYLAND C LENGTH OF STAY IN 16 corporate limits, write RURAL and give neatest town b CITY OR TOWN (It outside rarporote ...mits. write RURAL and give negrest town) HOSP TAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE .⊑ d. STREET ADDRESS Hospital YES NO 🔼 4. DATE NAME OF First Middle Doy Year DECEASED OF DEATH (Type or pnnt) 9. AGE (In years 6 COLOR OR RACE 7/MARRIED NEVER MARRIED DATE OF BIRTH birthday) DIVORCED 12 CITIZEN OF WHAT 10o JSJAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NER WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) Unknewn 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Congestive heart failure (cor pulmonale) IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove Pulmonary emphysema, severe, diffuse rise to immediate couse (a). DUE TO stating the underlying couse has been ost. 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or Town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) ottended the deceosed from\_ - to 1919 19<u>6</u>, that (1) (we) las 1966, and that death accurred at 232 AM, from causes and an the date stated above saw the deceased alive an MAY 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. 5-6-66 director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S vortus Gaithersburg, Maryland NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF Parklawn Cemetery Rockville. Maryland 5-7-66 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Maryland VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07270 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH a COUNTY o. STATE b. COUNTY ve carban papers Pages I event, within 72 hours after MARYLAND MONTCOMER within 24 haurs after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) BethesdA 7=82-66 - MAY26-66 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

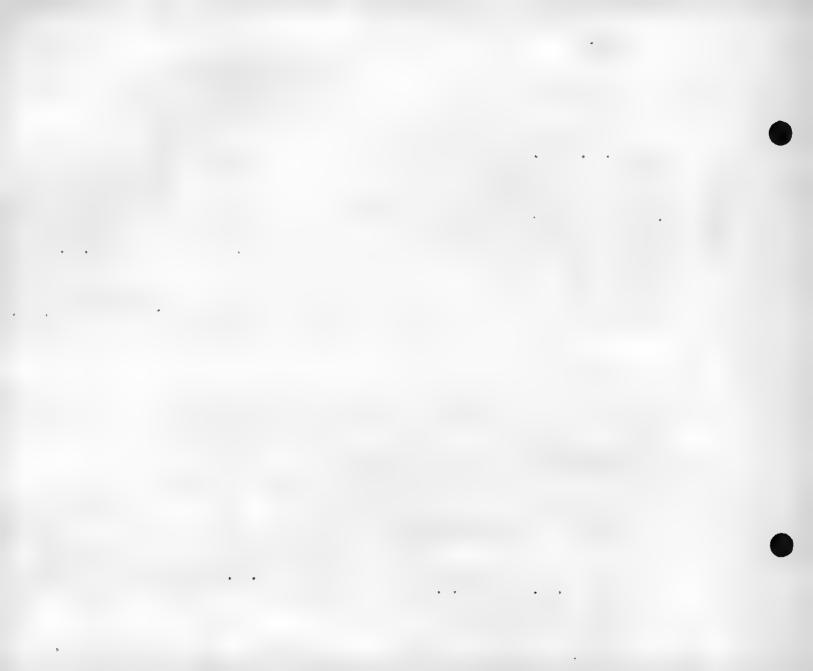
BES MOR SANATARIOM

BET RESCR physician and completely filled in en please remove carban papers d STREET ADDRESS e IS RESIDENCE ON A FARM? 5422 ALTA VISTA YES NO W NAME OF lost DATE Month Dov DECEASED 196 6 MAY WARREN 26 HAZEL DEATH (Type or print) LIVINIA requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH Months iost birthdoy) WIDOWED DIVORCED MAY 10-1910 12 CIT ZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) House Wife

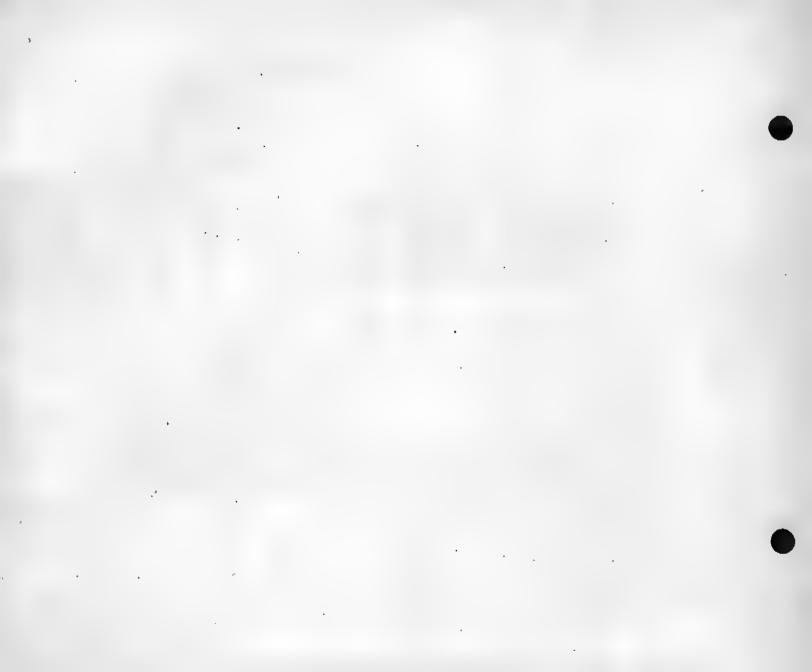
13. FATHER'S NAME during most of working life, even if retired) INDLISTRY W.S. A N. CAROLINA 14. MOTHER'S MAIDEN NAME burial, crematian, or remaya SALLIC De W JOHN EDGAR IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) M. WARREN SUZZ ALTA VISTA RD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).
PART I DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), DUE TO stating the underlying couse this certificate has been for use as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While foctory, street, office bldg, etc.) at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospitol) attended the deceased from 2-2-66, 1966, to K/A x 26, 1966 that (I) (we) last saw the deceased alive an 1944 26 1966, and that death accurred at 200M, from causes and on the date stated above. director, page 3 shauld should be filed with the 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 22d. ADDRESS 22E PHYSICIAN'S NAME (Type) GROSVENOK 230. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/28/66 Cedar Suitland Maryland Hill Cemeterv 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR



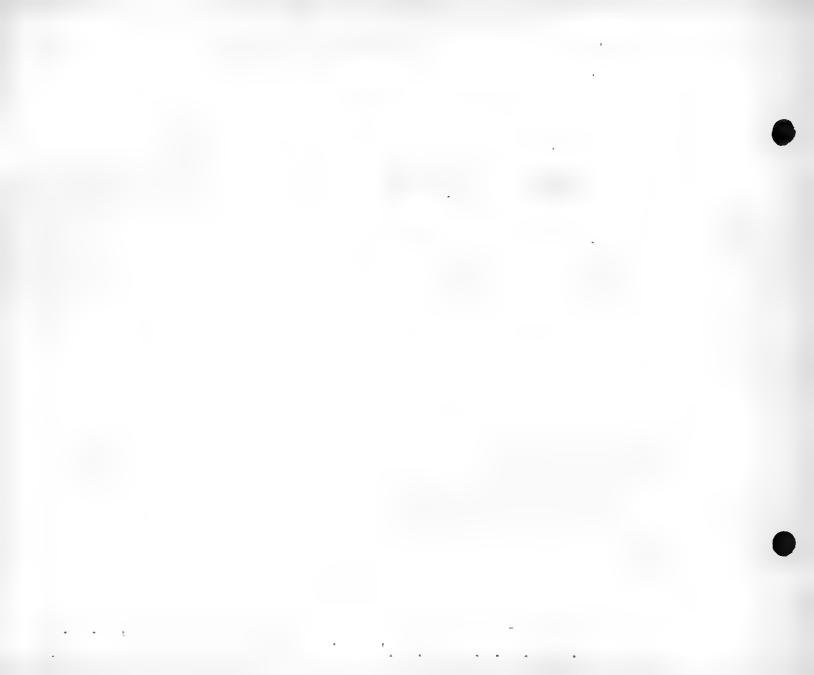
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges Montgomery MARYLAND Marvland b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 16 days District Heights Bethesda IS RESIDENCE ON A FARM? d. NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 2516 Addison Road NO Se U. S. Naval Hospital YES 4 DATE 3. NAME OF Month Year Dov DECEASED (Type or print) 1966 Jeanne Lynn WATKINS DEATH 9 AGE (In years last birthday) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Days WIDOWED DIVORCED 26 April 1966 03 Cane Female 12. CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work dane IDS. KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY Non Applicable
13. FATHER S NAME Non Applicable Suitland, Maryland
14. MOTHER'S MAIDEN NAME II. S. signed by the attending phys burial-transit permit. Then p burial, crematian, ar removal, Olga HORB Andrew George WATKINS 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates of service) 2516 Addison Road 16. SOCIAL SECURITY NO 17. INFORMANT Andrew George Watkins District Heights. Md. None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (a). DUF TO Canditians, if any, which gave Ventricular Septal Defect rise to immediate cause (a), 33 days DUE TO storing the underlying cause O FUNERAL DIRECTOR: After this certificate has been 26Apr-29May Congenital Heart Disease PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, Hour a.m. factory, street, affice bldg., etc.) Nat While 29 May 21. I certify that (4) (this haspital) attended the deceased from\_ 13 May , 19<u>66</u>, ta\_ , 1966 , that \$1) (we) last be retained 1966, and that death occurred att. 55PM, fram causes and on the date stated above sow the deceased alive on 29 Max 22a. SIGNATURE 22b. DATE SIGNED 30 May 1966 DIRECTOR M.D. DM much 22d ADDRESSU. S. Naval Hospital, National 22c. PHYSICIAN S NAME (Type) Naval Medical Center, Bethesda, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d, LOCATION (City or Town) (State) (Kounty) REMOVAL (Specify) ONN. 2Sb REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR FUNERAL DIRECTOR... VR A15 (4) 20 M 1/66 Marley Judge 1400 GEORGIA HE TUNERAL



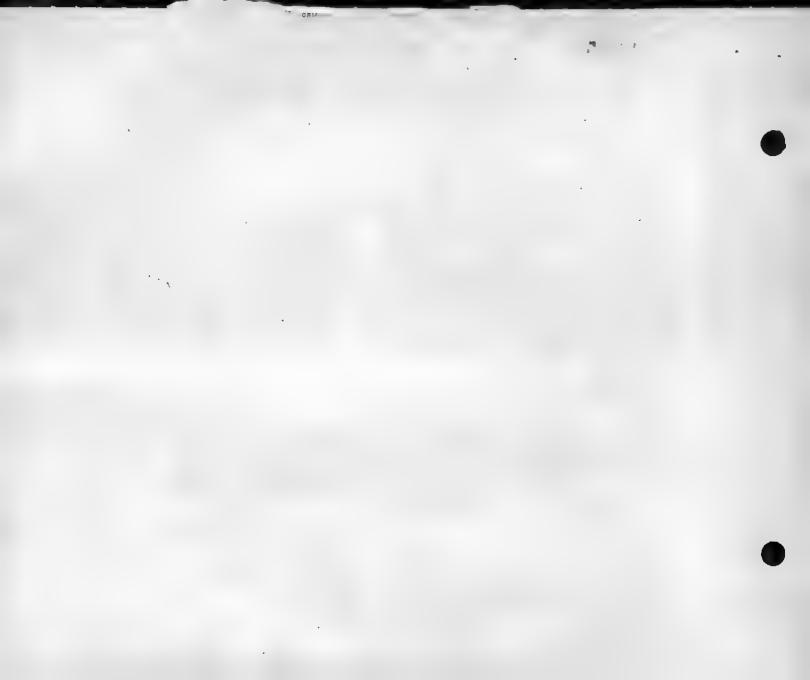
A SUREA	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 4	£ 700£	4	CERTIFICATE OF DEATH 37272
	funeral and 2 death.	1.	PLACE DF DEATH  a. COUNTY  A. COU
	ie fer in the series of the se	1	MONTGONERY MARYLAND A. STATE // ( MASHTNETS A)
	rs after by the f Pages I urs after		b. C/TY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	in the hour		NENSINGTON   6/15,   68/1-6-27, N.W. 4.
	24 hours filled in by papers, Pa in 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	In 24 fill page thin 24	1	KENSINGTON GARDENS.   LIC YES NO
Cap	executed within 24 hours and completely filled in by remove babon papers. Pag any even, within 72 hours	3.	DECEASED
12	and comp	5.	(Type or print)  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years) IF UNDER 1 YEAR IN FUNDER 24 HRS.
3	Tage of		last birthday) Months Days Hours Min.
3		10	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
22	certificate be nding physician Then please removal, India	Gu	ring mostlot working life, even if retired)   INDUSTRY   COUNTRYS
7	phys	13	AUSE WIFE DALTIMORE NO. 4.5.H.
(2)	ing ing Ther		CHARLES DINGWALTI HAN WESSLING.
1 3	eath certifica attending ph ermit. Then in, or removal		S. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   Address
. 2	death se atte permit tion, or	_	SOHN P. WENCHEL TO 6011-6-BL.
0,			18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]  PART I. DEATH MASS CAUSED BY:  IT CUT CUT CUT CUT CUT CUT CUT CUT CUT CU
12	that the sician. ned by ti		PART I. DEATH WAS CAUSED BY: IT CUTE CODONARY THRENDOSIS STEPSION
8	law requires that tatending physician. I has been signed been signed been as the burial-tran. It prior to burial, cre		DUE TO A SALCO A SALCO AS MESONE MARINE
04	ufres on s but	1	gave rise to Immediate (b) It Rt (R10 · Selenotic Negat Immediate)
26	law require ttending pl has been s as the bu prior to bu		cause (a), stating the DUE TO underlying cause last.
10	law atter has e as e as	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 13. WAS AUTOPSY
1	at a set in	CERTIFICATION	PERFORMED? YES NO
T.	IAN: pital ertification of for	37.5	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
B	the hospital this certific detached for the Dept. of Hi		OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
23,	the this deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  Hour a.m.   White   Not White   Not White   State   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)
`)	NG by fter be State	MED	Hour a.m.  p.m.  19   At work   Street, difficulty, street, diffic
_ ′	TO HOSPITAL OR ATTENDING PHYSICIA Page 4 may be retained by the hospi TO FUNERAL DIRECTOR. After this cerd director, page 3 should be detached should be filed with the State Dept. of	П	21. I certify that (1) (this hospital) attended the deceased from 195, to 195, to 195, that the two-last
	Eta CO still should be seen as the state of		saw the deceased alive on 19 and that death occurred at 7 M, from the causes and on the date stated above.    22a. SIGNATURE   22b. DATE SIGNED
	DE DE SE		Transist Kicharlson M.D. ATTENDING MED. MED. STAFF \$ 5/31/66
_	FITAL OR 4 may be ERAL DIR or, page if the filed		22c PHYSICIAN'S   22d. ADDRESS   1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	HOSPITAL age 4 may FUNERAL rector, pa		NAME (Type) PHANE IS L RICHAROSOR 11412 VIERS HILL ROPE WINGTON 19
	O HOSPITA Page 4 m2 O FUNERAL director, p	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. WAME OF CEMETERY OR GREMATORY 1,23d. LOCATION (City, town or county)
	H H		Surial June 1- 1966 Souden Tees Hello Me Isaumore, mg
	_	_	ADDRESS ADDRESS ADDRESS OF DESIGNATION OF DESIGNATION
	VR ALS (4)	24	ADDRESS 250. REGISTRAR'S SIGNATURE  ADDRESS 250. REGISTRAR'S SIGNATURE  PAUN 3 1966 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE	C7278 MEDICAL EXAMINER'S CERTIFICATE OF DEATH G7273	}		
HEALTH DEPT. = = = = = = = = = = = = = = = = = = =	DEACE OF DEATH  O. COUNTY  MARYLAND  O. STATE  D. COUNTY  MARYLAND  D. COUNTY  MARYLAND  O. STATE  D. COUNTY  MARYLAND  MARYLAND			
ages 1, 2, and 3 to the farm PM3. Page State Department of 2 hours after death.	b CTY OR TOWN (if outside screotote limits, write RURAL and give nearest town)  write RURAL and give nearest town)  C LENGTH OF STAY IN 1b  C CITY OR TOWN (it auts de corporate limits, write RURAL and give nearest town)			
- 54 0- 0	d NAME OF HOSPITAL OF NSTITUTION (If not in hospito give street oddress)  d STREET ADDRESS  3004 Legation IT NULYES IN	NCE M 2		
de ve f		66		
haurs ofter Lem 18. Giv Offine along Tond 2 with t	Thale Widowed DIVORCED 7 MARRIED NEVER MARR ED 18 DATE OF B RTH 9 AGE (n years IFUNDER 1 YEAR FUNDER 2)  WIDOWED DIVORCED 7 HOURS DOYS Hours	Min		
2 - 2	10b KIND OF BUSINESS OR INDUSTRY  10b KIND OF BUSINESS OR INDUSTRY  10c USUAL OCCUPATION (Give kind of work done number of fore gn country)  11c (ITIZEN OF WHAT COUNTRY?)  12. (ITIZEN OF WHAT COUNTRY?)  13. FATHER S NAME	4		
I within in pencil Examine File page and in a	Leorge Weiner Emilie Um have			
be executed pending" is feedical sit permit.	15 WAS DECÉASED EVED OU S ARMED FORCES? (Yes, no prunknown) del yes give wor or dotes of service)  18 CAUSE OF DEATH (Enter only one couse per , ne for (a), (b), and (c))  18 CAUSE OF DEATH (Enter only one couse per , ne for (a), (b), and (c))	Eh.		
shauld be e ne ward "per ia the Chief ? burial-transit matian, ar re	PART I. DEATH WAS CAUSED BY: Coronary Insutficency Acute Sustand DEA	2.		
INER: This cert ficate shauld be executed within be extrificate, writing the ward "pending" in pencil is shauld be farwarded to the Chief Medical Examinefiles.  3 should be used as a burial-transit permit. File pagesort, prior to burial, cremation, ar remayal, and in a	Conditions, if ony, which gave nse to immediate cause (a), stating the underlying cause lost.  DUE TO  Cardia Vascular Disease   Wears.  (b)  Cardia Vascular Disease   (c)			
ate, writte farwante farwante be used to be used	PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPS PERFORMED YES NO	7		
INER: This e certificate, shauld be fa false. 3 should be u	PERFORMED  200 EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH			
AL EXAMINER: execute the cert r. Page 4 shault for yaur files. TOR: Page 3 shounded agent, pr	20c T.ME OF INJURY Month Doy, Year Hour a m. 19 20d IN.URY OCCURRED Street office olding etc.) 20f (City or town) (County) (State of work of work of work of work)	ite)		
MEDICAL EXAMIN please execute the l director. Page 4 sh retained for your fill . DIRECTOR: Page 3 st is designated agent	21   certify that I took charge of the remains described above, held an Autopsy, Inspection Z, Inquiry Z, and in my ap death resulted from Natural causes Z, Accident, Suicide, Homicide, Undetermined manner	inion		
necessary, please execute the ce the funeral director. Page 4 sha 5 may be retained for yaur file: 0 FUNERAL DIRECTOR: Page 3 sh Health ar its designated agent,	ACTUAL SIGNATURE  SIGNATURE  M D  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  5/15/66  22. DATE SIGNATURE  STANDING STANDS STA	SNED		
TO DEPUTY necessary, the funeral 5 may be 10 FUNERAL Health ar 1	EXAMINER'S NAME (Type)  Address (Street, city, town, or county)  230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stot	e)		
<b>0</b>	Burial 5-17-1966 Prospect Hill Cemetery Washington D. C.			
VR A15ME (5) 6M 1/66	5130 Wisc. Ave. N.W. Wash.DC.			



1 (88)		MARYLAND STATE DEPARTMENT OF HEALTH	ADVI AND
(IAI	Ì	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	7974
funeral and 2 death.	1.	PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	(Noiszimba emple electrical)
after death the funeral ges 1 and 2 after weath	1. 8	a. STATE b. COUNTY	
the affe		OCITY DR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY DR TOWN (If outside corporate limits, write RURAL a	
		write RURAL and give nearest town)	
hours d in by rs, Pa		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
24 ho filled papers in 72 h	H	OLY CROSS HOSPITAL DE SUIVER SPRING RTE. # 1 BOX 504	YES ND NO
within pletely arbon nt, with		NAME OF First Middle Last 14. DATE Month	Day Year
× =====	(	Type or print) (NO FIRST NAMES) WETTER DEATH MITTING	19 66
at decuted	5. 5	THE PERMITTER AND ADDRESS OF THE PERMITTER ADDRESS OF THE PERMITTER AND ADDRESS OF THE PERMITTER ADDRESS O	YEAR IF UNDER 24 HRS.
n adding remain any		PALE CAUC WIDDWED DIVORCED 5/28/66 yrs.	120 18
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ficate be e physician an please r	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	LSA_
certifica Iding ph Then remyval		Tunner 1 11 Barrie ANN Kal	DEP
ath certific attending p srmit. Then n, or rerzoy	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	3.5
requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and in	( Yes,	no, or unkown) (If yes give war or dates of service) - THOMAS INSTITER, WALDORF	, MD.
at the deat ian. d by the at ransit perm	1	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
an. an. d by ransi crem		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURITY	
ires that physician n signed i burial-trai		176 X DUE TO	
n si bur		Conditions, if any, which page to immediate (b)	
requir ding r been the b		cause (a), stating the DUE TO	
law renttendii has be as the		underlying cause last. (c) (c) (Appendix of the terminal disease condition given in Part 1(a)	19. WAS AUTOPSY
I: The late of all or all ficate health J	CERTIFICATION	<del> </del>	PERFORMED?
CLAN: The spital or a certificate used for use to Health.	E -	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSICIA ne hospi this cert stacked Dept. of	1 . 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
0.5 - 5 %	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun factory, street, office bidg., etc.)	ity) (State)
	MEC.	Hour a.m. While Not While   lactory, street, office blug, etc.)	
			, that (I) (we) last
OR ATTEND y be retained OIRECTOR: A age 3 should ited with the	-	saw the deceased alive on19, and that death occurred atM, from the causes and on th	e date stated above. TE SIGNED
OR DORE		M.D. ATTENDING MED. STAFF 5/29	11.1
SPITAL (4 may leral Dag lot, bag d be file	-	22ct Physician's 122d, ADDRESS TOLY CROSS	HOSP.
SPI e 4 NER ctor ild b		NAME (Type) GEORGE K. SPENCE SILVER SPRING, MD.	
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page should be filed	238.	REMOVAL (Specify)	nty) (State)
	24.	BURIAL D-31-66 TRINITY / TEMORIA L WALDORF, // FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR' 25b. REGISTRAR'S	SIGNATURE
VR A15 (4)	0	Junt Funeral 74 ome JUN 1 1966 &clientes	Joseph C.
15M 4-64	1_	1000 1	7-0-



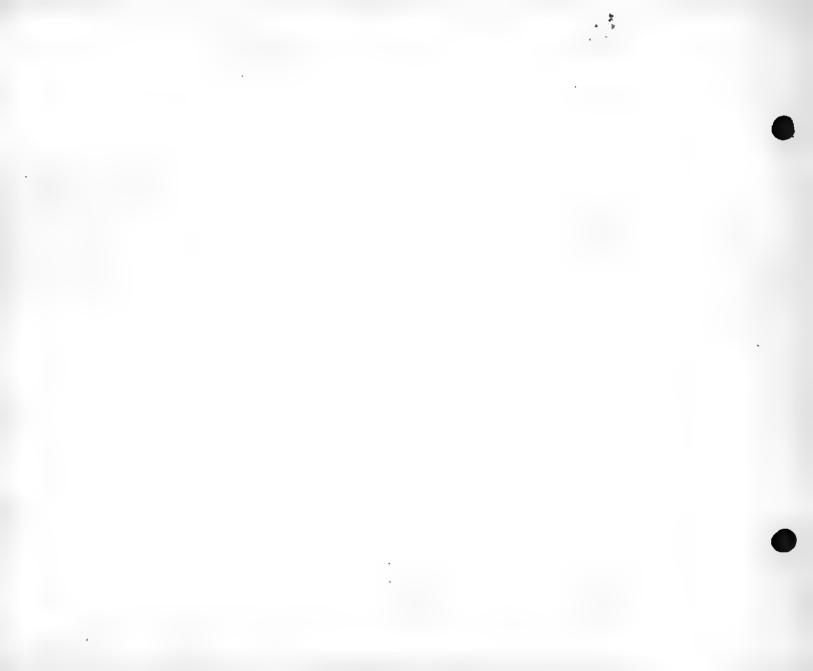
	1 -		Division of STATISTICAL RE	MAKYLAND STATE DEP SEARCH AND RECORDS, 301			201
			07280	CERTIFICATE	OF DEATH		07275
requires that the death certificate be executed within 24 haurs after death	completely filled in by the funeral love corban papers. Pages I and 2 even, within 72 haurs after death	7	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where de	ecoased lived, if institution: Reside	nce before odmission)
e.	fund 1 o		6. COUNTY Montgomery	MARYLAND	o. STATE South Ca	b. COUNTY rolina	<b>√</b>
-	by the fur s. Pages 1 haurs after		b CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside con	porote limits, write RURAL and gr	ve neorest town)
	ф. 1000		Bethesda (rural)	78 days	Gaffney		7
24 h	d in Pers 72 ₹		d. NAME OF HOSPITAL OR INST TUTION (If not in hospit	al, give street oddress)	d STREET ADDRESS		e. IS. RESIDENCE ON A FARM?
:=	fille thin		U. S. Naval Hospital  3 NAME OF First	Middle	Route #6, Box	t 60 JE Month	Dov Year
×.	tely bar wi	- {	DECEASED (Type or print)  Lee	44 44	CETTER OF		24 19 66
ited	\$ 0 E		5 SEX 6 COLOR OR RACE 7 MARRI		DATE OF BIRTH	9 AGE (In years   IF UNDER	R 1 YEAR   IF UNDER 24 HRS.
Xec	3/6/2		Male Cauc widow	ED DIVORCED DE	c. 9, 1905	lost bythdoy) Months	Doys Hours Min.
9	ang		100 USUAL OCCUPATION (Give kind of work done 10k	, KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote,		ITIZEN OF WHAT OUNTRY?
<u>e</u>	cian ar ease r and in		during most of working life even if retired)	INDUSTRY OV T	South Carolin	la l	USA
Ę	hysi o		13. FATHER'S NAME	4EL	14. MOTHER'S MAIDEN NAME	TERSON	
Tel Cel	The P		0/~~/ 101.		FORMANT		0.0
t co	physician. signed by the attending physician and burial-transit permit. Then please rem burial, cremation, ar remaval, and in an		(Yes no or unknown) If If yes are war or dates of service)			elchel, Route #	ney, S. C.
	aft an,		18. CAUSE OF DEATH (Enter only one couse per line		S. Pittated Wild	rener, nouse m	INTERVAL BETWEEN
<del>+</del>	the mat			Lobular pneumonia			ONSET AND DEATH
£	physician. signed by burial-trai		12 0 A DUE TO				
- 2	hysi gne grid urial		rise to immediate couse (a)	Associated with m		ocarcinoma	
Da Da	d e si d		stoting the underlying couse	of the esophagus			
Jow W	attending has been le as the th priar ta		lost. (c)   PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	AC TO DESTRUCTE HOT DELETED TO TH	TERMINAL DISSASS COMPUTADIO	CHITN IN DADT 1/a)	I 10 WAS AUTOPSY
£	atte has the the		PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO TH	IC TERMINAL DISEASE CONDITION	PIAEM IM LWKI IÍDÌ	19. WAS AUTOPSY PERFORMED? YES X NO
ž	or cate ar u Heal		200 ACCIDENT WAS UNDERLYING 20b	. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port I or	Port II of item 1B.)	
SICI	spito ed f		OR CONTRIBUTING (AUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	,	. ,	,	
YH.	is controlled		29c TIME OF INJURY Month, Doy, Year 20			Of. (City or town) (Ci	(Stote)
وِ	by the haspital or attending After this certificate has been be detached far use as the State Dept. of Health priar ta		7 p.m. 17 at 1	work at work	ry, street, office bldg , etc.)		
	d b d b d b d b d b d b d b d b d b d b		21. I certify that (1) (this haspital) at saw the deceased alive an May	tended the deceased fram_N	arch 7 . 19_66	10 May 24 , 19	_66 that <u>4</u> ) (we) last
	dine GR. H. H.		saw the deceased alive an	24 19 00 , and that	death accurred at 112		the date stated abave.  DATE SIGNED
~ ~	<b>8.60</b> 3.51 With With		220 SIGNATURE	M.D.	ATTENDING MED. PHYS. DIRECTO	STAFF COLOR	May 1966
0	y be fige	1	22c. PHYSICIAN S		22d. ADDRESS		
PIT	md FRA FRA F P		NAME (Type) W. L. Sugg, M.	D.	U. S. Naval H	lospital, Bether	sda, Md.
HOS	Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detailed far uile as the should be filed with the State Dept. of Health priar ta		230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR CE		. LOCATION (City or Town)	(County) (State)
٥	5 5 5 6 4 4		2 20 00	Fredrick Memo		Gaffney, South	
	VR A15 (4) 20 M 1/66		W. W. Chambers Co. 1400			*****	
	20 M 1/66	Į	THE CHARLEST DOOR 1400	oughth no. 11. M.	WAY 3 1	1866 Melanla	Judge



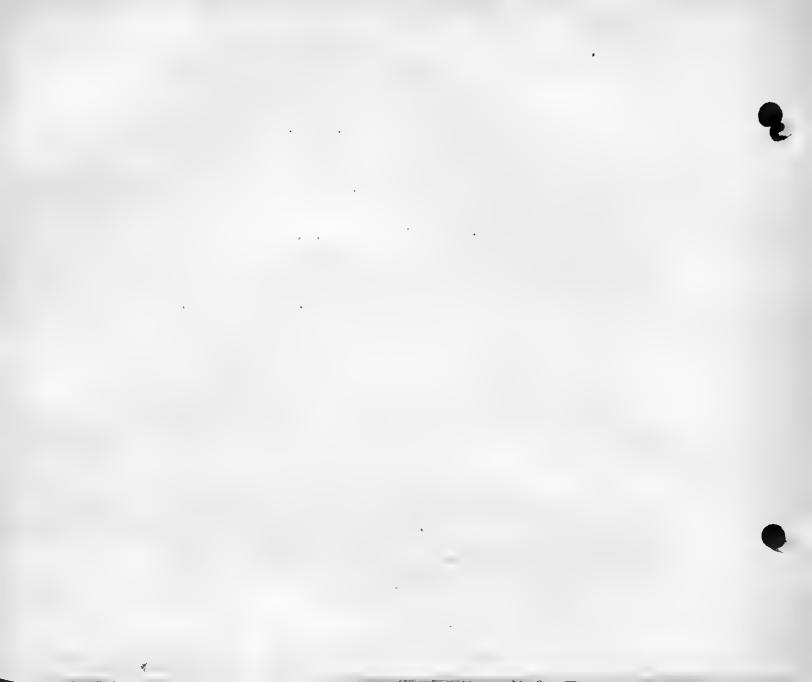
45	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	E 70/20	C7281 CERTIFICATE OF DEATH 67276
	24 hours after death filled in by the funeral papers. Pages Land and 72 hours after death	1. PLACE DF DEATH  a. COUNTY  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission a. STATE  D. COUNTY  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town)
3		same as colore YES NO
ties of w	ate be executed within the signal of the same completely rates are some carbon to any event, with	3. NAME DE OECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. OATE OF BIRTH  WIDOWED DIVORCED 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 2 HR   Isast birthday)   Isast birthday)   North   Nort
30	ig light	13. FATHER'S NAME GOV T 14. MOTHER'S MAIDEN NAME
4.0	nding ribys Therefore	6harles M. Sellig Jane McKay
2,2	_ = = =	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  11. INFORMANT (5) (Stew)  Address Buffacla-  12. INFORMANT (5) (Stew)  Address Buffacla-  13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  14. SOCIAL SECURITYNO. 17. INFORMANT (5) (Stew)  Address Buffacla-  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
oppose this been	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the att director, page 3 should be detached for use as the burial-transit perm should be filled with the State Dept. of Health prior to burial, cremation, or	18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). I Shift was caused by the part I. Death was caused by:    Death was caused by:   Immediate cause (a), stating the underlying cause last.   Due to conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   Part II. Other significant conditions contributing to Death but not related to the terminal disease condition given in Part I(a)   19. Was autopsy Performed?   20a. accident was onderlying cause of Oeath (if there, notify medical cause of Oeath (if there is a saw the deceased alive on Man 2 40,19 6, and the death occurred at 4.5 M, from the causes and on the date stated above 22a. Signal cause of Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 22a. Signal cause of Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 22a. Signal cause of Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 12a. Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 12a. Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 12a. Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 12a. Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 12a. Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 12a. Oeath (if the oeath occurred at 4.5 M, from the causes and on the date stated above 12a. Oeath
	20M 1/65	MAT 3 1 1300 / STATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) 3 ta Page 6 COUNTY - 7 death MARYLAND aomer Department c. LENGTH OF STAY IN 16 b CITY OR TOWN (11 dutside corporate limits c CITY OR TOWN ( E alitside carparate imits, write RURAL and give nearest town) wr.te RURAL and give negrest town after d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS e IS RES DENC haurs ON A FARM? State YES after death. along with NAME OF Middle DATE Month 4 DECEASED OF DEATH dreul (Type or print) I OL U 19 66 within 5 SEX YEAR IF UNDER 24 HRS OR RACE AGE (In years. IF UNDER 10R 7 MARRIED NEVER MARRIED DATE OF BIRTH lost b rthdoy) Months Dovs Hauts WIDOWED hours DIVORCED The USHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (State or fore an country) during most of working life, even {retired} INDUSTRY G retired 13 FATHER S NAME . MOTHER'S MAIDEN NAME This certificate shauld be executed within penci ⊆. a pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes no, or unknown) i(If yes give war, or dates of service) remova, CAUSE OF DEATH (Enter only one couse per & INTERVAL BETWEEN **burial-transit** ONSET AND DEATH PART I, DEATH WAS CAUSED BY ď IMMEDIATE CAUSE (o) word crematian, DUF TO to the Conditions, if ony, which gove use to immediate couse (o). DUE TO stoting the underlying couse farwarded lost. burial, WAS AUTOPSY PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 8 NO the certificate, 0 CERTIFICAT 90 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of in any in Port I or Part II of item 1B.) agent, priar PRIMARY Or CONTRIBUTING should **CAUSE OF DEATH** 20c. TIME OF IN. JRY Month, Doy Year 20d NJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (State) Hour om. factory, street, office bldg, etc.) While Not White DIRECTOR: Page 19 at work please execute designated 21. I certify that book charge of the remains described above, held an Autapsy Inspection Inquiry 🔀 and in my apinian for the funeral director. death resulted fram-Natural causes Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL pe 10 **EXAMINER'S** 70 FUNEI Health NAME (Type) TERY OR CREMATORY 23c NAME OF CEM BUR.AL, CREMATION 23b. DATE THEREOF (City or Town) (County) (Stote) VR A15ME (5) 6M 1/66



## RYLAND STATË DËPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY o. COUNTY a. STATE MARYLAND Montgomerv Marvland George's b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) mon th Laurel Fairland d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION Fairland Nursing Home 415 Main Street YES NO KIX 4. DATE OF DEATH NAME OF Middle Month DECEASED Whitehead Henry 30 Mav (Type or print) 19 66 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Days Hours Male DIVORCED . WIDOWEDN 100 USUAL OCCUPAT ON (G ve find of wark done 10b. KIND OF BUSINESS DE INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S. A.A. County. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17, INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: dav Static Pneumonia IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO KIX 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (State) factory, street office bldg, etc.) Hour a m Nat while of work at work p. m. 21 I certify that (1) (this haspital) attended the deceased from ADFIL 139, 19 86, to May 30\_\_\_\_, 166\_, that (1) (we) last May\_30\_ 19. 66and that death accurred at 3AM, from the causes and an the date stated above. saw the deceased alive an. 22a, SIGNATUR 22b, DATE SIGNED XX MED. 22d ADDRESS 22c PHYSICIAN'S NAME (Type S. McCeney, M.D. Robert 402 Main St Laurel 230 BLR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY, OR CREMATORY 23d LOZKTION (City, town, or county (State) 24 FUNERAL DIRECTOR'S SIGNA 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY b. CITY OR TOWN AT outside corporate limits, MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give neafest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 51 NO 🔽 requires that the death certificate be executed within completely NAME OF Last DATE DECEASED OF (Type or print) DEATH 19 SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS emove. 8. DATE OF BIRZH 7. MARRIEO NEVER MARRIED last birthday) Months Davs and WIOOWEO FA OIVORCED [ 10b. KIND OF BUSINESS OR INOUSTRY
Own Home 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) Housewixe FATHER'S NAME MOTHER'S MAIDEN Calvin Decalb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. permit. 0 (Yes, no, or unkown) ! (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed by as the burial-tran DUE TO Conditions, If any, which (b) gave rise to Immediate OUE TO cause (a), stating the underlying cause fast. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? PHYSICIAN: The NO U YES [ 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) detached f 20e. PLACE OF INJURY (Home, farm, ) (State) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work P 21. I certify that (I) (this hospital) attended the deceased from ( DIRECTOR; and that death occurred a M. from the causes and on the date stated above. saw the decéased/alive on\_-SIGNATURE 22a. 22b. ATTENDING page M.O. PHYS. DIRECTOR PHYS. TO FUNERAL 1 director, pag should be file HOSPITAL 22c. PHYSICIAN'S 22d. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Burral ncoin Cemeterm Prince GEDAGE REC'O BY REGISTRAR FUNERAL DIRECTOR 25a. 1966 VR A15 20M 1/65



1	ı	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLAND 21	1201
		0 10 0 0 5	OF DEATH	07279
24 hours after death and in by the uners pages. Pages tend 77 hours after death		ALACE OF DEATH D. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside o. STATE Florida b. COUNTY	- L/
y the Pages.		c LENGTH OF STAY IN 16 write RURAL and give nearest town! Bethesda (rural) 43 days	c CITY OR TOWN (If autside corporate limits, write RURAL and gi	ve neorest town)
hou hour six	-	I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
n 24 Illed I	L	U. S. Naval Hospital	4659 Blount Avenue	ON A FARM? YES NO 3
with fillipon t, with		VAME OF First Middle DECEASED Type or print) Marjorie Sukola V	tost 4 DATE Month OF DEATH May 8	Doy Year 1966
h certificate be executed within 24 hours in physician and campletely filled in by the Then please remove carbon papers. Pagemaval, and in any event, within 72 hours	5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDE	R T YEAR   IF UNDER 24 HRS.
and a rem	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12. (	CITIZEN OF WHAT
ate cian ease and		Housewife	Sandstone, Minnesota	USA
hysi pl	13.	FATHER S NAME	14. MOTHER'S MAIDEN NAME	
ceri He P	_	Charles Sukola	Zora Jannet Cooper	
death tendir mit. 1, ar re		s no acunknawn) (If we give war at dates of service)	INFORMANT Jacksonville Address ames Marion Whitley 4659 Bloun	Florida t Ave./
the all		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))		INTERVAL BETWEEN
.r. y th sinsite emo		INTRICUIATE CAUSE (U)	f the fallopian tube with	ONSET AND DEATH
iciar Haraba Haraba Haraba Haraba	П	1751 DUE TO metasta	ases	
phys ohys igne urio urio		Canditians, if any, which gave ) (b) rise to immediate cause (a),		
on Section 19 Per Sec		stating the underlying cause DUE TO		
haw ndir ndir s the iar 1		(c)		I 10 WAS A TOPEY
t: The ar after te has a use a alth pr	ATON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AJTOPSY PERFORMED? YES 2 NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filledirector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pashould be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any execut, within	1 CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18.)	
IG PHY the hour this of detact	■ED!CAL	20c TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED While Not While foc	CE OF INJURY (Hame, farm, fory, street, affice bldg., etc.) 20f. (City or tawn) (C	ounty} (State)
Affre Store	Н	2). I certify that (t) (this haspital) attended the deceased fram_saw the deceased alive on May 8 19 66, and that	March 27 , 1866 , to May 8 , 16	6 , that (X) (we) las
O CIPE				
DR AI BECTOR 3 sh dwith		220 SIGNATURE C. S. M. D. M.	ATTEMOLIE SEED CTAFF	y 9, 1966
PITAL (may be RAL DI		22c. PHYSICIAN'S NAME (Type) J. E. Zimmerman, M. D.	U. S. Naval Hospital, Bethe	sda, Md.
D HOS Page 4 D FUNI directa	230		Memorial Cemetery Blanding Bly	(County) (State)  d. Jackson-
	24	FUNERAL DIRECTOR TOWNS CO-ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR S	SIGNATURALLE, Fla
VR A15 (4) 20 M 1/66		5130 Wisconsin Ave. N.W. Washington	2. T.C. MAY 19 19CC Climb	Cudar.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2 death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, COUNTY Geo's b. COUNTY Pr. a. STATE b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND arv c, CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) C. LENGTH OF STAY IN 15 hours eek d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? carbon pap ent, within YES NO. etely NAME DE Middle DATE Last 4. Month Day Year DECEASED OF any-event, (Type or print) .3 DEATH 19 death certificate be executed 5. SEX 6. COLOR OR RACE remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED ANEVER MARRIED last birthday) Months Hours Days WIDOWED [ DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? lease/ and/ir during most of working life, even if retired) FATHER'S NAME ם remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. ᆼ (Yes, no, or unkown) | (If yes give war or dates of service) s been signed as the burial transit permission to burial, cremation, or CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which Menten (b) rise to Immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEX MINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES NO T this cerum detached fo 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW-INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work atwork retained v 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred ats M, from the causes and on the date stated above. 22a. SIGNATUR 22b. DATE SIGNED þ DIR filed ATTENDING PHYS. orcitlia TO HOSPITAL O Page 4 may b To funeral di M.D. DIRECTOR L 22c PHYSICIAN ADDRESS 22d. director, 1 should be 23a. BURJAL, CREMATION, 23b. /DATE THERFOR 23c. NAME CEMETERY OR CREMATORY 23d. **ECCATION** (City, fown or county) 2 REMOVAL (Specify) REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07287 within 24 hours after death. hours ofter death. by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Prince George b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) write RURAL and give nearest town)
Takoma Park Laurel ban papers. within 72 ho filled in 1 d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Sanitarium & Hospital 1812 Brooklyn Bridge Road YES T NO. 3 NAME OF 4. DATE Lost Dov Year DECEASED OF 19 66 Jack Andrew Williams DEATH May cremation, or removal, and in any event, (Type or print) corl S SEX AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthday) Months Dovs Hours White Male 1-4-85 WIDOWED DIVORCED 87 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR requires that the death certificate be during most of working life, even if refired)

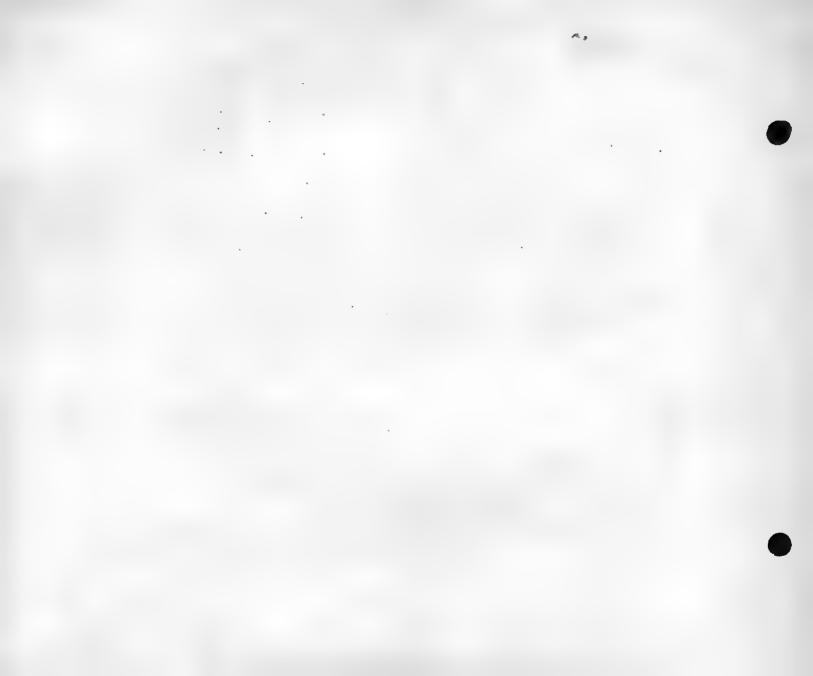
Retired **COUNTRY?** INDUSTRY Virginia America 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Catherine Figgins William Williams IS WAS DECEASED EVER IN US ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Patients chart INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO burial Conditions, if any, which gove rise to immediate couse (a). DUE TO been ! as the prior tak stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate has detached far use as State Dept. of Health 20g ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter notifie of infury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work TO FUNERAL DIRECTOR: After , 19<u>66</u> , to May 21 \_\_\_\_\_, 19<u>66</u> , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from May 12 director, page 3 should should be filed with the and that death accurred at 5.35 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o SIGNATURI **ATTENDING** M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)Gene U. Cohen, M.D. 1106 Spring Street, Silver Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY r(Stote) 23d. LOGATION (City or Town) 230 BURIAL CREMATION. ADATE THEREOF REMOVAL (Specyy) 250 REC'D BY REGISTRAR 24. FONERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death, OR ATTENDING PHYSICIAN: The law requims that the death certificate be executed within 24 haurs after Meath uneral PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission Tromer van papers. Pages 1 within 72 hours after MARYLAND CITY OR TOWN (If outside carporate limits, write RURAL and give hearest town) CLENGTH OF STAY IN 16 Write RURAL and give nearest town)

5: / V C Y S P P N G

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE .⊑ ON A FARM? filled NUPSING YES | NO X carban NAME OF Middle DECEASED OF DEATH (Type or print) S SEX IF LINDER 1 YEAR 7. MARRIED AGE (In vears birthday) Dovs Hours WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? 71.5. during most al working life, even if retired) Own Rome Phila., Pa. 13 FATHER S NAME or remayal, Dawson Mary Serrill 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4315 Haward Street (Yes, no ar Jinknawn) (If yes give war ar dates of service) 214-48-8820 Mrs. Thelma Phipps Silver Spring crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per type for (a), (b), and (c).) burial transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 moy be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) Heolth NO X 5 20g. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of item 18.) detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) Haur a.m. factory, street, affice blda., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 5/3/1966, and the and that death accurred at 7 mm, fram causes and an the date stated above saw the deceased alive an 22a. SIGNAFÜRE 22b DATE SIGNED MED. DIRECTOR director, page 3 sh∎uld be filed v DE PHYSICIANS 22d. ADDRESS NAME (Type) 4115 Colie DRIVE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREO (State) (County) Cedar Hill Cemetery Suitland, Maryland Charles VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY after by the f Pages 1 urs after Montgomery Howard MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 11 days Ellicott City Ol nev = papers. in 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? within Montgomery General Hospital Tridelphia Road NO (X) within completely carbon 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED event. 1966 (Type or print) Walter Joseph Wolfe. DEATH Mav remove SEX 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED DATE OF BIRTH 9, AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Oavs Hours any July 15, 1889 76 Male White WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician pe ease during most of working life, even if retired) INDUSTRY COUNTRY? Stock Clerk Doughnut Corp. of America Maryland TISA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Mary Hoffman George Wolfe 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 10 (Yes, no, or unkown) (If yes give war or dates of service) World war Medical Records Olney. Md. 213-10-7704 Yes 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN cremat been signed by the burial-transit or to burial, crema by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) con STren 1 DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED WAS AUTOPSY r this certificate h detached for use te Dept, of Health PERFORMED? NO TO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c, TIME OF INJURY Month, Day, Year 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After D.M at work at work 1966 TO 中 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred a9:40 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED MED. ATTENDING man M.D. PHYS. тау pag O FUNERAL 22c. PHYSICIAN'S 22d. ADORESS director, p NAME (Type) Clarksville, Md. Charles Whitaker BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOYAL (Specify) St. Johns Cemetery Burial Ellicott City. Md REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Hunstal. Catonsville, Md. VR A15 (4) 20M 1/65

Smith years - The state of the for the first transfer to the form BY Se SERVE stored three bases of the foreign and the first stored The second secon The state of the state of The state of the second Charge of the chart of The state of the s and the second of the second of . tracted field to broad a Bering (13/1966 St. John Contagn (11/1970) Intent A Comment of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07284 CERTIFICATE OF DEATH. 0 acuted within 24 hours after death. by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Montgomery g. STATE b. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN (if autside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) papers. Pagi write RURAL and give nearest town) days. Olney Silver Spring.Md. e. IS RESIDENCE filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 13811 Leibig Rd. within Montgomery General Hospital YES T NO X 3. NAME OF First Middle 4. DATE Month carban Last Day Year DECEASED Wrenn Edith Viola б (Type or print) DEATH May 66 S. SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remave last birthdoy) Months Dovs 7/1/77 White WIDOWED T DIVORCED Female 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Own Home COUNTRY? during most of wasking life, even if retired) please pup Maryland USA Housewite The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Josephine Reynolds Joseph Harding 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Laibig Road 53811 Leibig K permit. (Yes, no or unknown) (If yes give war ar dates af service) 5 15-48-5749 Alice louce Hobbs Maryland crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: SEL AND DEATH IMMEDIATE CAUSE (o) DUE TO THEOMBOSIS burial, Conditions, if ony, which gave rise to immediate cause (a). DUE TO PTERIOSELEPOSE GENERALIZED stoting the underlying couse has been the OS WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO use EPHROSCLEROSIS YES X NO this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ the haspital CERT OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at wark O FUNERAL DIRECTOR: After pe JAN 1965 toam 21. I certify that (1) Ahis haspital oftended the deceased fram. be retained shauld 1966, and that death accurred at 6:40 mmrgm causes and an the date stated above saw the deceased alive on SIGNATURE 22a. DIRECTOR M.D. PHYS. page 3 e filed 22d. ADDRESS Page 4 may 1 PHYSICIAN'S Dr. Donald Lewis. NAME (Type) loverly. Silver Spring director, should be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) ilver Spring. Harding Cemetery Mau 1966 Maryland Burial 2Sa. REC'D 25b. 24. FUNERAL DIRECTOR Georgia Avenue Charley VR A15 (4) 20 M 1/66 DATE ver Johns

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